



State of Alaska

Senior and Disabilities Services

Harmony Data System User Guide

T24 | Care Coordinator

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Document Tracking

Version	Author/Editor	Date	Description
1.0	Jennifer Johns	8/29/2017	Initial delivery
2.0	Jennifer Johns	11/6/2017	Added Chapters 10-13, updated references from Plan of Care to Support Plan
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2.2	Trevor Atwood	11/8/2017	Review revisions for resubmission
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2.4	Cina Fisher	12/4/2017	Combine the Inquiry Process for all waiver types, Insert directions for Form completion in the Application and the Support Plan Re-order Chapters
2.5	Cina Fisher	12/12/2017	Re-combine the Chapters; relabel the practice Exercises
2.6	Jennifer Johns	12/12/2017	Changing medical professionals to be recorded in Professional relations instead of case relations
2.7	Cina Fisher	1/08/2018	Entered uniform text for Consumer Record updates prior to Applications & Plans creation. Added direction to add a note recipient when responding to an incomplete notice Removed the Amendment process from the Transfer of CC Added direction to NOT enter a need/goal for Care Coordination Updated Work Flow diagrams relevant to CC
2.8	Cina Fisher	1/19/2018	Remove the WFW instruction from Initial Applications process. Combine the Initial Application process for all waiver types into one chapter. Combine Transfer, Reporting and Closing into one chapter. Add Back-up CC instruction to add to Professional Relations Added Job Aids J06, J08, J15, J44

Introduction | Care Coordinator Training Guide

Summary

This training guide covers the tasks and processes for Care Coordinators in the Alaska Senior and Disabilities Services (SDS) Harmony data system. The Care Coordinator will need to request access to a Consumer record after they are chosen by a consumer. Once the Care Coordinator has access, they can begin submission of a program-specific application. Care Coordinators will use the system to communicate with SDS via notes. After SDS approves the application, conducts assessment, and determines level of care, the Care Coordinator will receive a tickler notification to begin preparing the Person Centered Support Plan. This guide provides detailed instructions for submitting initial, renewal, and amended support plans.

Learning Objectives for T24 Care Coordinator

- Make a Provider Inquiry request for ALI or APDD
- Submit an Initial Application for ALI or APDD
- Make a Provider Inquiry request for a CCMC client
- Submit a renewal application
- Make a Provider Inquiry for the IDD Waiver Program
- Enter and Submit an IDD Waiver Application
- Enter an IDD Waiver Renewal Interim cycle application
- Add a request for Expedited Consideration
- Develop and Submit Initial Person Centered Support Plan
- Amend the Person Centered Support Plan
- Update the Person Centered Support Plan for Renewal
- Notify SDS of EMOD Completions

Chapter 1 | Care Coordinator Inquiry

Introduction

The Care Coordinator submits an inquiry requesting access to the consumer record in order to apply for the Waiver Program for individual seeking supports. A Person Centered Intake (PCI) with an ADRC agency must have been completed for the ALI or APDD program or the person will have been drawn from the DD Registry to apply for the IDD Waiver. The SDS Program Assistant reviews the inquiry and grants the Care Coordinator access to the consumer record.

Provider Inquiry

The Care Coordinator submits a Provider Request Inquiry.

1. To Add the Inquiry.
 - a. Click the **Inquiries** chapter.
 - b. On the **File** menu, click **Add Inquiry**.
 - c. The Division defaults to 'IR.' (Information & Referral)
 - d. The Status defaults to 'Draft.'
 - e. Set Program Queue, select from the drop down menu
 - f. Click the Ellipsis (the box with 3 dots in it), and search for your Care Coordination Agency by name, once selected Agency Details will add automatically

The screenshot shows the 'Inquiry' form in the SDS Harmony system. The 'Participants' tab is selected in the sidebar. The form contains the following fields and values:

Field	Value
Entry Date *	11/29/2017
Entry Time *	01:54 PM
Inquiry Date *	11/29/2017
Inquiry Time	01:54 PM
Inquiry Type *	Provider Request
Inquiry Method	Harmony
Staff Conducting Inquiry *	Fisher, Cina
Inquiry Status *	Draft
Division	IR
Description	New Consumer
Program Queue *	IDD Waiver Program
Follow Up Required	<input type="checkbox"/>
Agency Details	
Provider ID *	18158
Agency *	1st Choice Care Coordination
Street	650 N Pittman Rd
Street 2	

Inquiry Details

- g. On the **File** menu, click **Save Inquiry**. **DO NOT Save and Close!!!**

2. Click the **Participants** subpage.

1. On the **Add Participant** menu, click **Person Seeking Supports**.
 - a. Enter identifying, contact, and demographic information.
 - b. Required fields for the Person Seeking Supports are:
 - i. First and Last Name
 - ii. Mailing Address
 - iii. Marital Status
 - iv. Gender
 - v. Home Phone (the main contact #)
 - vi. DOB
 - vii. Primary Language
 - viii. Interpreter/Translator needed?

Basic Demographics	
Salutation	Miss ▼
Last Name *	Targaryen
First Name *	Daenerys
Middle Name	
Caller is Person Seeking Supports	<input type="checkbox"/>
Address Type	Mailing Address ▼
Street *	123 Meereen drive
Street 2	
City *	Anchorage ▼ Clear
State *	AK ▼ Clear
Zip Code *	99503 ▼ Clear
Borough *	Municipality of Anchorage ▼ Clear
Home Phone *	(907)585-8585
Work Phone	
Work Extension	
Mobile Phone	
Email	
Marital Status *	Widowed ▼
Gender *	Female ▼
Living Situation/Location of person Needing/Seeking Support	▼
DOB *	08/18/1964
Age	52.9
Primary Language *	English ▼
Secondary Language	Aceh ▼
Interpreter/Translator Needed *	No ▼
Race	Native Hawaiian/Pacific Islander ▼
Tribe	Qagan Tayagungin ▼

[Enter Demographics](#)

- c. From the **File** menu, click **Save Person Seeking Supports**.

d. Add Identifiers.

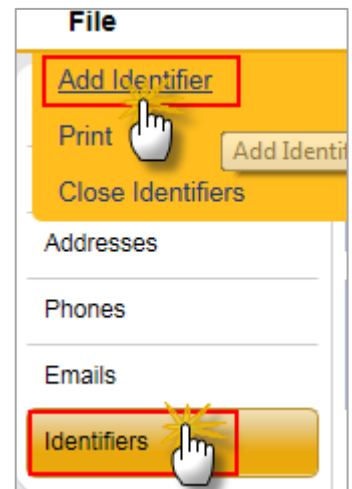
- i. Click the **Identifiers** subpage.
- ii. On the **File** menu, click **Add Identifier**.
- iii. Set Identifier Type = 'Medicaid.'
- iv. Enter the Identifier Number, =the person's Medicaid #.
- v. Refer to the Denali Care card to set the Start Date.
- vi. DO NOT Set an End Date.
- vii. Enter the Medicaid Eligibility Code in the **Comments** field.

Individuals applying for Medicaid benefits for the 1st time, that need a HCB waiver determination must at least have a Medicaid case created to issue a WD 19 screening coupon – this is done after their DPA Interview.

For ALI and APDD if the applicant has ongoing Medicaid with different code (anything other than 11, 20, 24, 50, 51, 52, 54, and 69), then they will also need to contact DPA for a Medicaid Screening Coupon authorizing a code 19 or code 25 for the month the completed application is submitted to SDS.

-the Recipient ID at the top of the screening coupon is the Medicaid #

- viii. Select the **Display** check box.
- ix. Select the **Primary** check box.
- x. On the **File** menu, click **Save and Close Identifier**.
- xi. Then on the **File** menu again – **Close Identifiers**.

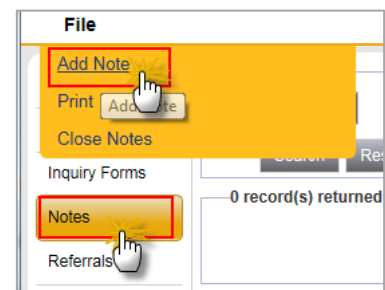


Identifier	
Identifier Type *	Medicaid ▼
Identifier Number *	123456789
Active	<input checked="" type="checkbox"/>
Start Date	04/15/2017
End Date	
Comments	
Display	<input checked="" type="checkbox"/>
Primary	<input checked="" type="checkbox"/>

Identifier Details

e. Add a Note with Attachments (Appt of CC, ROI & Legal Representative)

- i. Click the **Notes** subpage.
- ii. On the **File** menu, click **Add Note**.
 1. Set Division = 'IR.'
 2. Set Participant = the Consumer.
 3. Set Note Type = 'Consumer Documentation.'
 4. Leave the Note Subtype Blank
 5. Enter a Specific Description.- List attachments



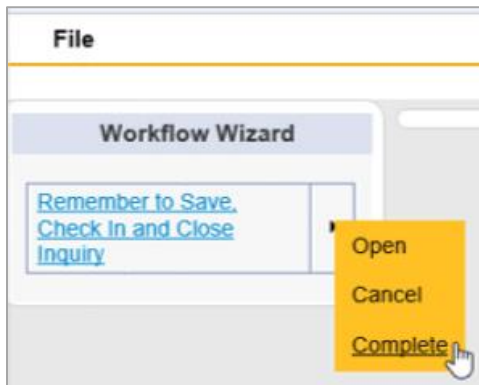
Notes Details	
Division *	IR ▼
Note By *	Johns, Jennifer ▼
Note Date *	08/04/2017
Participant *	Targaryen, Daenerys (Consumer) ▼
Note Type *	Consumer Documentation
Note Sub-Type	▼
Description	
Note	
Status *	Pending ▼
Date Completed	
Show in the Consumer record *	<input checked="" type="checkbox"/>
Attachments	
Add Attachment	

Leave Sub-type Blank.
Describe your
attachments

Note Details

6. Upload attachments and select an attachment category.
 - a. Click **Add Attachment** link
 - b. Attach the signed *Appointment of Care Coordination Services* form.
 - i. Category= C-Appointment of Care Coordinator
 - c. Attach the signed *Release of Information*.
 - i. Category= C- Release of Information
 - d. If the signature is not the same as the Person Seeking Supports, then the POA/Guardian document must be attached as well.
 - i. Category= C- Guardianship Documents
 - ii. Category= C- Power of Attorney
 - iii. Category= C- Legal Representative Documents
 - e. For CCMC
 - i. Attach signed Medical Provider Release of Information
 - ii. Attach signed CCMC Post Card (*This identifies the Certified Nursing Oversight and Care Management agency*)
7. Set the Note Status = 'Pending'
8. From **File** menu, click **Save and Close Note**.

- f. Submit the Inquiry.
 - i. Click the **Inquiry** subpage.
 - ii. Set Inquiry Status = 'Pending'
 - iii. On the **File** menu, click **Save, Check-In and Close Inquiry** (*critical handoff point*).
 - iv. A Workflow Wizard window opens.
 1. A message tickler is displayed to remind users to save, check in and close the Inquiry.
 2. Click the Fly out menu to 'Complete' the item.
 3. On the **File** menu, click **Close Work Flow Wizard**.



If the Inquiry is not "checked in",
SDS will not be able to review it.

Remember to Save, Check in and Close Inquiry

- g. Double check the Inquiry is Check in to SDS for review.
 - i. The "Checked Out To" column should be blank.
 - ii. If your name is still there, go to the fly out menu and check it in.

7 Status record(s) returned - now viewing 1 through 7

Inquiry ID	Inquiry Date ▼	Inquiry Time	Inquiry Decision	Checked Out To	Status	CaseNo	Person Seeking Supports First Name	Person Seeking Supports Last Name
146882	12/18/2017	2:20 PM	Pending	Thrasher-Livingston, Kara	Pending		Merry	Jolly
146796	12/12/2017	9:43 AM	Pending	Atwood, Trevor	Pending		River	McLaren
146691	11/30/2017	12:42 PM	Pending		Pending		Paul	Hamilton
146692	11/30/2017	2:58 PM	Pending		Pending		River	Yukon
146688	11/28/2017	1:33 PM	Pending	Fisher, Cina	Pending		Bering	Straight
146653	11/15/2017	9:36 AM	Pending		Pending		Christina	Cordell
146332	07/11/2017	4:12 PM	Pending	Farrell, James	Pending		Tamara	Brunette

- h. The Status should be "Pending".
 - i. If it is still "Draft", re-open the Inquiry
 - ii. On the **File** menu, click **Check Out Inquiry** (if everything is grayed out)
 - iii. Update the Inquiry Status to "Pending"

File Tools

Inquiry

Participants

Inquiry Forms

Notes

Referrals

Inquiry

Entry Date * 11/28/2017

EntryTime * 01:33 PM

Inquiry Date * 11/28/2017

Inquiry Time 01:33 PM

Inquiry Type * Provider Request ▼

Inquiry Method Harmony ▼

Staff Conducting Inquiry * Fisher, Cina

Inquiry Status * Draft ▼

Division IR ▼

New Client access



SDS Staff – Reviews Inquiry

- Reviews Inquiry
- If approved, SDS notifies Care Coordinator of decision and that they can start the application process via a note



Practice Exercise #1

1. Create a Provider Request Inquiry for the APDD Program. Give your instructor the consumer name you created when you are done.

Chapter 1 Quiz



1. How do you attach documents to an Inquiry Request?
 - a. Send them by DSM
 - b. Open a Note and add them as an attachment
 - c. Can't do it if you close the WFW step before it's done.
2. True or False? An Inquiry doesn't need to be made for the Care Coordinator to be able to access the IDD Consumer Record.

Chapter 2 | Initial Application to Determine LOC

Monitor My Harmony Notes for Consumer Access decisions

1. On the **My Harmony** home page, in the **Consumers** column, under the **Notes** header, click the **Complete** items to open the list in a new window
 - i. Find the note with Note Type = "Access to Consumer Record" and Note Subtype = "Approved"
 - ii. Take note of the consumer's name
 - iii. On the **File** menu, click Close **Notes**
 1. Once you've read the **Note** it will disappear from the list on the My Harmony page.

Filters

Status Equal To Complete AND

Note Sub Type

134 Notes record(s) returned - now viewing 1 through 15

Consumer	Note Type ▲	Note Date	Note Sub Type
Crusher, Wesley	Access to Consumer Record	11/01/2016	Approved
Jean, Billy	Access to Consumer Record	12/29/2016	Approved

Consumer Access Approved

Access the Consumer Record and Complete the Application

There are many ways to locate your consumer in the SDS Harmony data system. Remember you will only be able see information about consumers that have been associated with you. If you dig deeper you will be able to see information on consumers associated with your agency but not specifically assigned to you.

Once you've been granted access to a consumer, their record will appear in the **Consumers** column on your **My Harmony** home page, in the **My Consumers** panel –**Active**.

1. On your My Harmony home page, in the **My Consumers** panel, select **Active**. Just click the number to see your entire consumer list. Select the Consumer from the list.
- OR
2. On the **My Harmony** home page, in the **Consumers** column, under the **My Consumer Programs** header, click the **Request Application** item to open the list of consumers needing initial applications completed.

My Consumer Programs

Active 1

Request Application 1

Request Application under My Consumer Programs

OR

3. Do a **Quick Search** for the consumer by last name.
4. Open the consumer's record by clicking anywhere in the line containing their name and information.

Update the Programs Tab

1. Click on the **Programs** tab, from the list click **ALI, APDD or CCMC Program** record to open
 - a. Set Status = 'Pre-Submission'
 - i. This tells anyone who looks at the record you are working on entering the application
 - b. On the **File** menu, click **Save and Close Program**



Key Point

Setting the Program Status to Pre-Submission fires a workflow wizard for the Care Coordinator to start the application process elements.

You can close this WFW anytime and complete the LOC application process directly in the Consumers Record. See Complete Applications (Alternate Method) in this chapter.

Program Summary	
Division *	SDS
Program *	APDD Program Details
Status *	Pre-Submission ▼
Status Date *	06/09/2017
Status Type *	Initial
Start Date *	12/29/2016
Expected Discharge Date	
Expedited Reason	

Set Program Status to Pre-Submission

2. A Workflow wizard will automatically open, **close the Wizard.**

Workflow Wizard	
Complete Consumer Application for ALI/APDD & CCMC	▶
Add Notes and Attachments	▶
Add or Verify Consumer Information and Addresses	▶

Application Workflow Wizard

Update/ Complete the Consumer Record

After you have Status = 'Pre-Submission' and saved the Consumers Programs tab, close the Work Flow Wizard that opens and continue in the Consumer Record to complete the Demographics, Medications, Case relations and Professional Relations Tabs. Then in the Forms Tab, add and complete the Annual Application ALI/APDD form.

1. Demographics Tab- If updates need to be made, on the **Edit** menu, click **Edit Demographics**

File Edit Reports Ticklers View Inquiries

Edit Demographics

Killeen, Laura (61647)

Diagnosis Medications Case Relations Professional Relations DD Registry

Demographics Programs Notes Forms Plans Providers Auths Appointments

Demographics

Case No	61647	Residence Type	
Last Name	Killeen	Total in Home	
First Name	Laura	SSN	
Middle Initial		Medicaid ID	
Preferred Name		DS3 ID	0000062565
Date of Birth	10/4/1963	Primary Language	English
Age	54.2	Birth Place	
Date of Death		Primary Alaskan Tribe	
Gender	Female	Home Village	
Race		Alaska Resident	
Ethnicity		Citizenship Status	
Marital Status	Single/Never Married		

Contact Information

Address Type		Descriptive Address	
Street	99 Louisiana Lane	Home Phone	(270) 576-2709
City	OSCEOLA	Work Phone	
State	MO	Mobile Phone	

Add or Verify Consumer Information and Addresses

a. Verify and Update the following basic demographics fields

- i. Last Name
- ii. First Name
- iii. Date of Birth
- iv. Gender
- v. Marital Status
- vi. Medicaid ID
- vii. Home Phone
- viii. Work Phone
- ix. Mobile Phone
- x. Preferred Email
- xi. Language
- xii. Height
- xiii. Weight
- xiv. On the File menu, click Save Demographics

b. Click the **Addresses** subpage

harmony INFORMATION SYSTEMS, INC.

Billy Jean 6/13/2017 12:20 PM **Addresses**

File

Demographics

Addresses

Names

Phone Numbers

Identifiers

Filters Search Reset

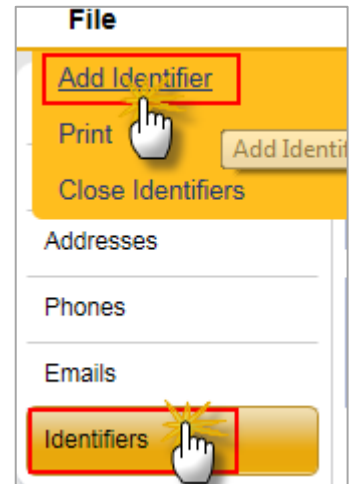
1 Addresses record(s) returned - now viewing 1 through 1

Address Type	Street	City	State	Zip code	Active	Primary
	123 Beatit DR	Anchorage	AK	99502	Yes	Yes

<< First < Previous Retrieve 15 Records at a time Next > Last >>

- i. Review listed addresses to ensure an address with Address Type:
 - a. 'Residence Address' exists and is current
 - b. 'Mailing Address' exists and is current
- ii. If addresses with those types are not displayed, add address records
 1. On the **File** menu, click **Add Address**
 - a. Enter address fields
 - b. Mark Mailing Address as Primary

- c. On the **File** menu, click **Save and Close Address**
- iii. **NOTE:** Existing addresses should not be changed
 1. Open the address record by clicking on it
 2. Change the **Address Category** to **Previous**
 3. Enter an End date (Approximate is fine)
- iv. On the **File** menu, click **Save and Close Address**
- c. Click the **Identifiers** subpage
 - a. Review the Identifier numbers listed
 - b. If updates need to be made, click to open the Identifier record
 - i. Update Identifier Value
 - ii. On the **File** menu, click **Save and Close**
 - c. Add Identifiers.
 1. Click the **Identifiers** subpage.
 2. On the **File** menu, click **Add Identifier**.
 3. Set Identifier Type = 'Medicaid.'
 4. Enter the Identifier Number, =the person's Medicaid #.
 5. Refer to the Denali Care card to set the Start Date.
 6. DO NOT Set an End Date.
 7. Enter the Medicaid Eligibility Code in the **Comments** field.
 - a. Individuals applying for Medicaid benefits for the 1st time, that need a HCB waiver determination must at least have a Medicaid case created to issue a WD 19 screening coupon – this is done after their DPA Interview. -the Recipient ID at the top of the screening coupon is their Medicaid #
 - b. For ALI and APDD if the applicant has ongoing Medicaid with different code (anything other than 11, 20, 24, 50, 51, 52, 54, and 69), then they will also need to contact DPA for a Medicaid Screening Coupon authorizing a code 19 or code 25 for the month the completed application is submitted to SDS.
 - ii. Select the **Display** check box.
 - iii. Select the **Primary** check box.
 - iv. On the **File** menu, click **Save and Close Identifier**.
 - v. Then on the **File** menu again – **Close Identifiers**.
- d. On the **File** menu, click **Close Demographics**



Killeen, Laura (61647)								
Diagnosis	Medications	Case Relations	Professional Relations	DD Registry				
Demographics	Programs	Notes	Forms	Plans	Providers	Auths	Appointments	

2. Click the **Medications** tab.

a. Review list of Medications.

i. If updates need to be made, click on the medication row.

1. Update the required fields.
2. On the **File** menu, click **Save and Close Medication**.

ii. Add new Medication records if needed.

1. On the **File** menu, click **Add Medication**.
2. Enter the medication information.
 - a. Add the Division 'SDS'
 - b. Choose the medication from the list
 - i. Select 'Other' if it's not listed
 - ii. Then enter the name of the Other Medication
 - c. Dosage
 - d. Frequency
 - e. Route of Administration
 - f. Estimated Start Date (Leave End Date Blank)
 - g. Prescribed by Who?
 - h. Comments= Why is this medication being prescribed?
 - i. Status defaults to 'Current'

Division	SDS ▼
Medication *	Lisinopril ▼
Dosage *	25 mg
Frequency *	QDay ▼
Route of Administration *	Oral ▼
Estimated Start Date *	06/12/2015
Estimated End Date	
Prescribed By	
Comments	
Status *	Current ▼

Medication Data Entry

b. On the **File** menu, chose either

- i. **Save and Add Another Medication**
- ii. **Save and Close Medication**.

c. *Optional:* On the **File** menu, choose Print to have a list of Medications for your Consumer Applicant to review

3. Click the **Case Relations** tab.

a. Review the list of Case Relations to ensure the consumer has:

- i. Emergency Contact – Primary
- ii. Legal Representative (if applicable)

**Tip**

Emergency Contact – Primary and Legal Representative Case Relationship types must be present in the consumer's record for the information to be pulled onto the Person Centered Support Plan report. If they are the same person create two Case Relation Records.

iii. If updates need to be made, click on Case Relations row to open the record.

- 1. Update the fields.
- 2. On the **File** menu, click **Save and Close Case Relations**.

iv. Add new Case Relations if needed.

- 1. On the **File** menu, click **Add New Case Relations Search**.
- 2. Search using a Last Name, First Name combination and then click **Search**.
 - a. If no match is found, click **Add New**.
 - b. If a match is found, select it from list view and update the information.
- 3. Enter the Case Relation information.
 - a. Ensure the following fields are populated:
 - i. Primary Case Relationship, select all that apply
 - ii. Last Name
 - iii. First Name
 - iv. Street, City, State, Zip
 - v. Home Phone
 - vi. Work Phone
 - vii. Cell Phone
 - viii. Preferred Email

4. On the **File** menu, click **Save and Close Case Relations**.**Tip**

Add all Medical Professionals in the Professional Relations tab.

All Medical Professionals have "DX-" prior to their last name. If a specific medical contact is not located, add an additional Plan Note for the reviewer.

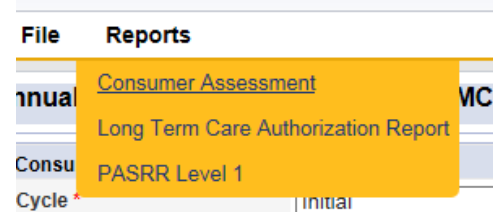
4. Click the **Professional Relations** Tab; Add all the Medical Professionals the Consumer consults with.
 - a. On the **File** menu, click **Add New Professional Relations Search**.
 - i. Search using a Last Name (*all Medical Professional's last name start with "DX-"*)
 1. Remove blank search criteria by clicking the red **X**

- ii. Click **Search**.
 1. If a match is found, select it from list view and identify the specific relationship.
 - a. Ensure the following fields are populated:
 - i. Primary Relationship
 - ii. Start Date
 - iii. Medical: Reason for Visit (*this will show on the Person Centered Support Plan Report*)
 - iv. Medical: Frequency (*this will show on the Person Centered Support Plan Report*)
 2. If **NO** match is found,
 - a. Change the Search to DX-Other
 - b. Then select the Dr. Other that comes up and complete
 - i. Primary Relationship
 - ii. Start Date
 - iii. Medical: Reason for Visit
 - iv. Medical: Frequency

(*this will help SDS Program asst. to add the medical provider correctly*)
 3. On the **File** menu **Save and Close Professional Relations Search**
 4. Now you need to make a Note so SDS knows they need to add a medical provider.
 - a. Click the **Notes** tab.
 - b. On the **File** menu, click **Add Notes**.
 - i. Set Division = 'SDS.'
 - ii. Set Program = the program for this consumer's plan.
 - iii. Set Note Type = 'Case Note-External.'
 - iv. Set Note Sub-Type = 'Other Case Activity.'
 - v. Description = "New Medical Provider needs to be Added"
 - vi. Note = Enter the Complete Clinic Address, Phone and Fax #'s
 - vii. Set Status = 'Pending'
 - viii. Attach supporting documentation. (Medical Notes or something with clinic letter head and Medical Professional's Name, title and license #)
 - ix. On the **File** menu, click **Save and Close Notes**.
- b. Repeat this step for all Medical Professionals who prescribe Medications or Services to the person
- c. Add the Back-up Care Coordinator
 - i. Search on their Last & First name, remember to delete the Agency search line
 - ii. Select **Primary Relationship** 'Other Professional' from the dropdown menu
 - iii. Other **Relationship** is 'Care Coordinator'
 - iv. Enter "Back-up Care Coordinator" in the **Comments**
- d. On the **File** menu, click **Save and Close Professional Relations** when done.

Create the Initial Application Form for ALI/APDD and CCMC Waivers

1. Click the **Forms** Tab
 - a. On the **File** menu, click **Add Forms**
 - b. Select **Annual Application for ALI/APDD** from the drop down list
 - i. Set Cycle = 'Initial'
 - ii. Set the Division = 'SDS'
 - iii. Leave the status = 'Draft'
 - iv. Set Program to ALI, APDD or CCMC
 - v. Complete Annual Application form
 1. Enter plain language sentences to describe the individual's health over the previous 12 months.
 - a. There must be an entry in every box
 - b. Enter "initial" for the 2 questions about renewal plans
 2. Select 'Search Existing Relations' to search for the Medical Providers you've already added to the Professional Relations Tab in the consumer Record.
 - a. Complete the text box for Reason and Frequency
 - b. Repeat these steps to add up to four Medical Professionals who currently care for the consumer
 - c. NOTE: only the Professionals added through the Application form will print on the application.
 3. Add **Medications** that were already added/updated in the Medications Tab by clicking the search button. Add all current medications.
 - vi. Select any **Adaptive Medical Equipment (DME/SME)** currently being used.
 1. List any that will be requested
 - vii. Describe any **Environmental Modifications (EMODs)** currently available.
 1. List any that will be requested
 - viii. From **File** menu, select **Save Forms**
 - c. Print the Application for signatures
 - i. From **Reports** menu, select **Consumer Assessment** (Mediware term for Form)
 1. A PDF version of the filled out application should open
 2. This will allow you to print the application, for signatures
 - a. Once you have printed or saved to your computer you will need to "X" out of the (production report) screen
 - d. Set the Application Form Status = 'Pending'
 1. From the **File** menu, click **Close Forms**



Take the printed Annual Application, a Recipient Rights and Responsibilities form to your client for signatures and initials.

Once the signed Annual Application form, or the ICAP Info & Consent form and all documentation has been scanned and uploaded to your secure computer files, you will need to create a Consumer Note (notes tab) with attachments.

Add the Application Documents as a Consumer Note

Once you have obtained the signatures on the application forms and Recipient Rights & Responsibilities and collected all of the supporting documentation for the application you are ready to add the final Consumer notes. Make sure all of your documents are scanned and saved into your secure files on your computer.

1. On the **My Harmony** home page, in the **Consumers** column, under the **Ticklers** header, find the tickler for your consumer named 'Add Notes and Attachments'

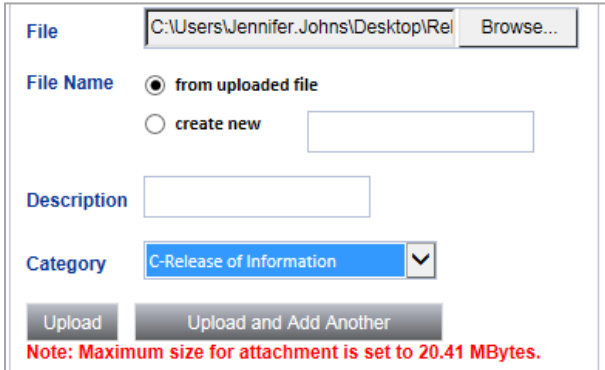
CaseNo	Consumer Name	Tickler Name
61965	Cacy, Robert	Add Notes and Attachments

2. When you select it the WFW will re-appear and take you directly to the Notes detail page

OR

1. Locate the consumer record through your My Harmony home page
 - a. My Consumer Programs
 - i. Pre-Submission (shows a list of consumers in the application process)
2. Open the Consumer record
3. Click on the **Notes** Tab
 - a. On the **File** menu, select **Add Notes**
 - a. Set Division = 'SDS'
 - b. Set Program = 'Waiver Program'
 - c. Note Type = 'Consumer Documentation'
 - d. Note Sub-Type = Set by waiver Type
 - a. ALI, APDD or CCMC = 'Blank'
 - b. IDD = 'IDD Waiver Program Application'
 - e. Enter a short description; List attachments
 - f. Enter Note = long description if you have more information for the Assessor or reviewer
 - g. Add Attachments
 - i. Browse to the location for each document on your computer
 - ii. ALI/APDD/CCMC- Be sure to name & Categorize each attachment
 1. C-Annual Application for ALI/APDD- SIGNED
 2. C-Verification of Diagnosis (VOD) or Qualifying Diagnosis Certification (QDC)
 3. C-Release of Information for the Primary Medical Provider
 4. C-Recipient Rights & Responsibilities
 5. C-Medical Information Documentation
 6. C-Legal Representative Documents (if applicable)
 - iii. IDD -all in a single scan is OK- **Only for IDD**
 1. ICAP Info & Consent with ROIs **OR** the Interim ICF/IDD LOC Form
 2. Supportive evaluation documents (no more than 36 months old)
 3. C-Recipient Rights & Responsibilities
 4. C-Qualifying Diagnosis Certification (QDC)

5. C-Medical Information Documentation
6. C-Legal Representative Documents (if applicable)
- iv. Click **Upload** button or **Upload and Add Another** – ONLY 5 attachments per Note



Upload Attachments

- h. Change the Note Status to 'Pending'
- i. On the **File** menu, click **Save Notes**
4. A pop-up appears asking if you need to add another Note **Click OK** if you have more than 5 attachments.



Key Point

If more than 5 documents need to be attached as part of the application, add another note

Request an Expedited Consideration

In some cases- defined in Regulation 7 AAC 130.209, a Care Coordinator will need to make a Request for Expedited Consideration. This process is started by the Care Coordinator submitting an additional note to SDS with the Application.

A cautionary statement- everything in the Demographics and the Application form **MUST** be complete and the program status has to be "Application Submitted" in order for SDS to review an Expedite. Just adding a Note requesting an Expedite to the Application without changing the status will go un-noticed by SDS.

1. To Request an Expedited Application, prior to setting the Status of the Program to "Application Submitted" the Care Coordinator will add a consumer note.
 - a. Locate the Consumer record
 - b. Click the **Notes** tab
 - c. On the **File** menu, click **Add Note**
 - d. Set Division = 'SDS'
 - e. Set Program = the program of the consumer's application
 - f. Set Note Type = 'Case Note-External'
 - g. Set Note Sub-Type = 'Request for Expedited Consideration'
 - h. Enter Description = A Short description explaining request
 - i. Enter Note = Long description of why the Care Coordinator is requesting an Expedited Consideration
 - j. Set Status = 'Pending'
 - k. Click **Add Attachment**
 - i. Attach completed Expedite Request form (Uni-12 found on the SDS Approved forms Page)
 - ii. Attach required documentation to support the Expedite Request

Note Details				
Division *	SDS ▾			
Note By *	Johns, Jennifer			
Note Date *	06/15/2017			
Program	APDD Program ▾ Details			
Note Type *	Case Note-External ▾			
Note Sub-Type	Request for Expedited Consideration ▾			
Description	Requesting expedited Assessment due to illness			
Note	Long description of why the Care Coordinator is requesting an Expedited Consideration			
Due Date				
Status *	Pending ▾			
Date Completed				
Attachments				
Add Attachment				
Document	Description			
Expedite Request Form.docx				
Note Recipients				
Add Note Recipient:				
Name	Date Sent	Date Read	Status	Date Signed
Schoenwetter, Katie	6/15/2017		Unread	

Note to Request Expedite Consideration

I. On the **File** menu, select **Save and Close Notes**



SDS Staff – Reviews Expedite Request

- Reviews Expedited Consideration Request when reviewing the application
- If approved, SDS will notify the care coordinator via a note
- SDS will update the Program Status Type field to either “Initial – Expedited” or “Re-assessment – Expedited” if the Expedite is approved. “Application Requested” on the Program record

Submit the Application

1. Click on the **Programs** tab, from the list click **ALI, APDD or CCMC Program** record to open
 - a. Set Status = 'Application Submitted'
 - b. On the **File** menu, click **Save and Close Program** (transition point)
 - c. *Tickler is sent to SDS Program Assistant role: 'Review New {ALI or APDD or CCMC} Application'*

Program	Program Summary	
Program Workers	Division *	SDS
Events	Program *	APDD Program Details
Track Status	Status *	Application Submitted ▼
	Status Date *	11/15/2016 x
	Status Type *	Initial ▼
	Start Date *	12/29/2016
	Expected Closure Date	
	Expedited Reason	
	Assessment Outcome	▼

Set Program Status to Application Submitted



Key Point

Setting the Program Status to Application Submitted fires a notification to SDS that an application is ready for review.

SDS Staff – Reviews Application, Schedules Assessment and makes Level of Care Decision



- SDS staff Reviews Application
- If application is complete, SDS staff passes application on for assessment scheduling
- If application is incomplete, SDS will send an Incomplete Courtesy Notice to Care Coordinator via a note. Skip to Chapter 3 | Incomplete Application
- Once Level of Care Decision has been made, the Care Coordinator will be notified to start working on the Person Centered Support Plan via a tickler if approved or a note if denied.



Practice Exercise #2

1. Sign in as Care Coordinator, select a consumer and set the Program Status to “Pre-Submission” and complete the application elements via the workflow wizard.
2. Submit an Application to SDS. Give the instructor the name of your consumer when finished.

Incomplete Application

If a Care Coordinator has not submitted a complete or timely application, SDS will follow the Incomplete Application process. This process will be initiated in Harmony in either of the following two circumstances:

1. **Incomplete:** A Care Coordinator submits an application with invalid or missing information.
2. **Past Due:** A Care Coordinator allows the consumer program to stay in 'Request Application' or 'Pre-Submission' status for longer than 30 days for a renewal application.



SDS Staff – Reviews Application and Returns Incomplete Application to Coordinator

- Reviews Application
- If Application is incomplete, SDS will send an Incomplete Courtesy Notice to Care Coordinator via a note

1. Monitors My Harmony for Consumer Application decisions from SDS
 - a. On the **My Harmony** home page, in the **Consumers** column, under the **Notes** header, click the **Complete** item to open the list in a new window
 - i. A note with Note Type = "Incomplete Notice" and Note Subtype = "Courtesy Notice" means you've received communication back from SDS about the application for this consumer.
 - ii. Take note of the consumer's name
 - iii. Review missing information description in the body of the Note.
 - iv. On the **File** menu, click **Close Notes**
2. Update the Application and/or provide missing information
 - a. On the My Harmony screen Click my active consumers to locate the Consumer Record or from the **Consumers** chapter, search for the consumer via Harmony Case No. number or last name.
 - i. Select the consumer record.
 - ii. Click on the tab where the missing information needs to be provided.
 1. Refer to initial application instructions for the specific waiver previously discussed in this guide.
 - iii. Submit the application again

Chapter 2 Quiz



1. The Care Coordinator must set the Program Status to which Status to start the application process? (select one)
 - a. Assessment Requested
 - b. Pre-Submission
 - c. Application Submitted
2. Which Program Status fires a notification to notify SDS that an application is ready for review? (select one)
 - a. Assessment Requested
 - b. Pre-Submission
 - c. Application Submitted
3. True or False? There are two ways the incomplete application process can start.

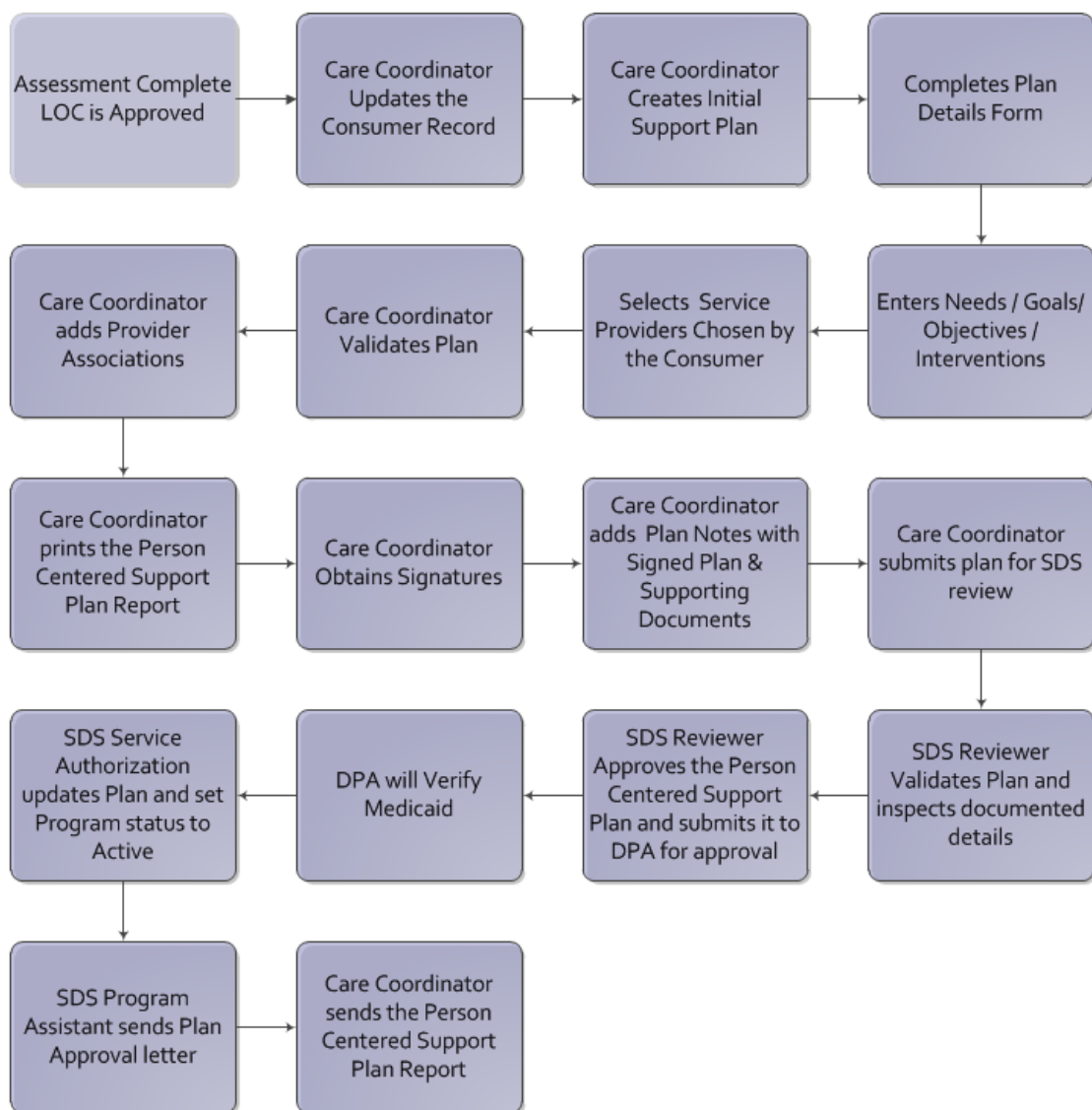
Chapter 3 | Initial Person Centered Support Plan

Introduction

The Care Coordinator will monitor the My Harmony desktop for a tickler notification from SDS of Level of Care Approval based on assessment. The Care Coordinator then reviews the consumer demographics to confirm information is accurate and up-to-date. The Person Centered Support Plan is created in Harmony and validated the plan against program business rules (regulation). Finally the Support Plan is submitted for SDS to review.

This chapter also covers processes for completing EMODs, and the Plan Expiration automatic notice.

Workflow Diagram



Initial Person Centered Support Plan Diagram

During the transition year Care Coordinators will need to follow these steps for all Plan Renewals. In subsequent years the renewal method only requires updating the existing information.

Update the Consumer Record

When the INITIAL LOC/LOS Determination form is saved with Status of 'Complete' and a Determination of 'Approved,' a Tickler is sent to the Care Coordinator to create the Consumer Plan.

1. Monitor My Harmony for Ticklers for Consumer that need a Plan needs to be created.
 - a. On the **My Harmony** home page, in the **Consumers** column, under the **Ticklers** header, filter to search for the **Tickler Name-** 'contains' - 'LOC is Approved, Begin working on Support Plan.'
 - i. Point to the flyout menu arrow and click **View Consumers Record**

(Remember during the Transition year "ticklers" will not appear for current consumers)

CaseNo	Consumer Name	Tickler Name	Date Created	Date Due	Date Completed	Status	
58733	Potter, James	LOC is Approved, Begin working on Plan of Care	06/21/2017	06/21/2017		New	
58900	Jean, Billy	Duplicate, Update and Complete 'Annual Application for ALI/APDD (CCMC Re-Application)' form	06/16/2017	06/16/2017			
58900	Jean, Billy	Renewal Application Note Attachments	06/16/2017	06/16/2017			
58900	Jean, Billy	Verify and Update Consumer Information and Addresses	06/16/2017	06/16/2017			
58900	Jean, Billy	Update APDD Program Status to 'LOC/LOS Determined'	06/16/2017	06/16/2017			
58900	Jean, Billy	Add or Verify Consumer Information and Addresses	06/09/2017	06/09/2017			
14077	Lewis, Zuri	Child is approaching age 22, check programs for transition	06/01/2017	06/01/2017		New	

Cancel
Reassign
Complete
View Consumers Record

Click View Consumers Record next to Begin working on Support Plan tickler

2. Open the Consumer record.
 - a. My Harmony >Active consumers.
 - b. Select the consumer record from the list

Killeen, Laura (61647)

Diagnosis	Medications	Case Relations	Professional Relations	DD Registry
Demographics	Programs	Notes	Forms	Plans
			Providers	Auths
				Appointments

3. Demographics Tab- If updates need to be made, on the **Edit** menu, click **Edit Demographics**

File Edit Reports Ticklers View Inquiries

Edit Demographics

Killeen, Laura (61647)

Diagnosis	Medications	Case Relations	Professional Relations	DD Registry
Demographics	Programs	Notes	Forms	Plans
			Providers	Auths
				Appointments

Demographics

Case No	61647	Residence Type	
Last Name	Killeen	Total in Home	
First Name	Laura	SSN	
Middle Initial		Medicaid ID	
Preferred Name		DS3 ID	0000062565
Date of Birth	10/4/1963	Primary Language	English
Age	54.2	Birth Place	
Date of Death		Primary Alaskan Tribe	
Gender	Female	Home Village	
Race		Alaska Resident	
Ethnicity		Citizenship Status	
Marital Status	Single/Never Married		

Contact Information

Address Type		Descriptive Address	
Street	99 Louisiana Lane	Home Phone	(270) 576-2709
City	OSCEOLA	Work Phone	
State	MO	Mobile Phone	

Add or Verify Consumer Information and Addresses

a. Verify and Update the following basic demographics fields

1. Last Name
2. First Name
3. Date of Birth
4. Gender
5. Marital Status
6. Medicaid ID
7. Home Phone
8. Work Phone
9. Mobile Phone
10. Preferred Email
11. Language
12. Height
13. Weight

ii. On the File menu, click **Save Demographics**b. Click the **Addresses** subpage

harmony INFORMATION SYSTEMS INC.

Billy Jean 6/13/2017 12:20 PM **Addresses**

File

Demographics

Addresses

Names

Phone Numbers

Identifiers

Filters

Search Reset

1 Addresses record(s) returned - now viewing 1 through 1

Address Type	Street	City	State	Zip code	Active	Primary
	123 Beatit DR	Anchorage	AK	99502	Yes	Yes

<< First < Previous Retrieve 15 Records at a time Next > Last >>

v. Review listed addresses to ensure an address with Address Type:

- a. 'Residence Address' exists and is current
- b. 'Mailing Address' exists and is current

vi. If addresses with those types are not displayed, add address records

1. On the **File** menu, click **Add Address**
 - a. Enter address fields
 - b. Mark Mailing Address as Primary
 - c. On the **File** menu, click **Save and Close Address**

vii. **NOTE:** Existing addresses should not be changed

1. Open the address record by clicking on it
2. Change the **Address Category** to **Previous**
3. Enter an End date (Approximate is fine)

viii. On the **File** menu, click **Save and Close Address**c. Click the **Identifiers** subpage

Demographics

Addresses

Names

Phone Numbers

Identifiers

Filters

Search Reset

1 Addresses record(s) returned - now viewing 1 through 1

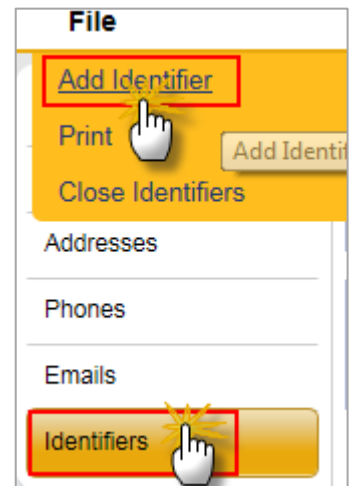
Address Type	Street	City
	5069 Hogworth Castle Drive	Anchorage

<< First < Previous Retrieve 15 Records at a time Next > Last

e. Review the Identifier numbers listed

- f. If updates need to be made, click to open the Identifier record
 - i. Update Identifier Value or add missing information

- ii. On the **File** menu, click **Save and Close**
- g. Add Identifiers (if needed)
 1. Click the **Identifiers** subpage.
 2. On the **File** menu, click **Add Identifier**.
 3. Set Identifier Type = 'Medicaid.'
 4. Enter the Identifier Number, =the person's Medicaid #.
 5. Refer to the Denali Care card to set the Start Date.
 6. DO NOT Set an End Date.
 7. Enter the Medicaid Eligibility Code in the **Comments** field.
 - a. Individuals applying for Medicaid benefits for the 1st time, that need a HCB waiver determination must at least have a Medicaid case created to issue a WD 19 screening coupon – this is done after their DPA Interview. -the Recipient ID at the top of the screening coupon is their Medicaid #
 - b. For ALI and APDD if the applicant has ongoing Medicaid with different code (anything other than 11, 20, 24, 50, 51, 52, 54, and 69), then they will also need to contact DPA for a Medicaid Screening Coupon authorizing a code 19 or code 25 for the month the completed application is submitted to SDS.
- ii. Select the **Display** check box.
 - iii. Select the **Primary** check box.
 - iv. On the **File** menu, click **Save and Close Identifier**.
 - v. Then on the **File** menu again – **Close Identifiers**.
- h. On the **File** menu, click **Close Demographics**



4. Review Diagnosis.
 - a. Click the **Diagnosis** tab.
 - b. Review for accuracy.

 A screenshot of the 'Diagnosis' tab in a software interface for 'Potter, James (58733)'. The interface has a top navigation bar with tabs: 'Diagnosis' (selected), 'Medications', 'Case Relations', 'Professional Relations', 'DD Registry', 'Demographics', 'Programs', 'Notes', 'Forms', 'Plans', 'Providers', 'Auths', and 'Appointments'. Below the tabs is a 'Filters' section with a dropdown menu set to 'QHP', a '+' button, and 'Search' and 'Reset' buttons. A message states '1 Diagnosis record(s) returned - now viewing 1 through 1'. Below this is a table with columns: 'Review', 'Review Date', 'Diagnosis Code', 'Diagnosis Code Description', and 'QHP'. The table contains one row: 'Initial', '06/21/2017', 'G80.1', 'Spastic diplegic cerebral palsy', and 'QHP'. At the bottom of the table are navigation buttons: '<< First', '< Previous', 'Retrieve', '15 Records at a time', 'Next >', and 'Last >>'.

Diagnosis List view

- c. If a Diagnosis is incorrect or one needs to be added, add a Consumer Note to notify SDS.
 - i. Click the **Notes** tab.
 - ii. On the **File** menu, click **Add Notes**.
 1. Set Division = 'SDS.'
 2. Set Program = the program for this consumer's plan.
 3. Set Note Type = 'Case Note-External.'
 4. Set Note Sub-Type = 'Other Case Activity.'
 5. Enter a Short Description "New Diagnosis needs to be Added"
 6. Enter **Notes** with additional details.
 7. Set Status = 'Pending'

8. Attach supporting documentation.
9. On the **File** menu, click **Save and Close Notes**.

Killeen, Laura (61647)

Diagnosis	Medications	Case Relations	Professional Relations	DD Registry
Demographics	Programs	Notes	Forms	Plans
			Providers	Auths
				Appointments

5. Click the **Medications** tab.

- a. Review list of Medications.
 - i. If updates need to be made, click on the medication row.
 1. Update the required fields.
 2. On the **File** menu, click **Save and Close Medication**.
 - ii. Add new Medication records if needed.
 1. On the **File** menu, click **Add Medication**.
 2. Enter the medication information.
 - a. Add the Division 'SDS'
 - b. Choose the medication from the list
 - i. Select 'Other' if It's not listed
 - ii. Then enter the name of the Other Medication
 - c. Dosage
 - d. Frequency
 - e. Route of Administration
 - f. Estimated Start Date (Leave End Date Blank)
 - g. Prescribed by Who?
 - h. Comments= Why is this medication being prescribed?
 - i. Status defaults to 'Current'
- b. On the **File** menu, chose either
 - i. **Save and Add Another Medication**
 - ii. **Save and Close Medication**.
- c. *Optional:* On the **File** menu, choose Print to have a list of Medications for your Consumer Applicant to review

6. Click the **Case Relations** tab.

- a. Review the list of Case Relations to ensure the consumer has:
 - i. Emergency Contact – Primary
 - ii. Legal Representative (if applicable)



Tip

Emergency Contact – Primary and Legal Representative Case Relationship types must be present in the consumer's record for the information to be pulled onto the Person Centered Support Plan report. If they are the same person create two Case Relation Records.

- iii. If updates need to be made, click on Case Relations row to open the record.
 1. Update the fields.
 2. On the **File** menu, click **Save and Close Case Relations**.
- iv. Add new Case Relations if needed.
 1. On the **File** menu, click **Add New Case Relations Search**.

2. Search using a Last Name, First Name combination and then click **Search**.
 - a. If no match is found, click **Add New**.
 - b. If a match is found, select it from list view and update the information.
3. Enter the Case Relation information.
 - a. Ensure the following fields are populated:
 - i. Primary Case Relationship, select all that apply
 - ii. Last Name
 - iii. First Name
 - iv. Street, City, State, Zip
 - v. Home Phone
 - vi. Work Phone
 - vii. Cell Phone
 - viii. Preferred Email
4. On the **File** menu, click **Save and Close Case Relations**.

**Tip**

Add all Medical Professionals in the Professional Relations tab.

All Medical Professionals have "DX-" prior to their last name. If a specific medical contact is not located, add an additional Plan Note for the reviewer.

7. Click the **Professional Relations** Tab;
 - a. Review all the Medical Professionals the Consumer consults with.
 - b. Add any new Medical Professions
 - c. On the **File** menu, click **Add New Professional Relations Search**.
 - i. Search using a Last Name (*all Medical Professional's last name start with "DX-"*)
 1. Remove blank search criteria by clicking the red **X**

The screenshot shows a search filter interface with the following structure:

Filters				
Last Name	Begins With	DX-Who	AND	X
First Name	Begins With	Thomas	OR	X
Agency	Begins With		OR	X
Last Name	+			

Buttons: Search, Reset

- ii. Click **Search**.
 1. If a match is found, select it from list view and identify the specific relationship.
 - a. Ensure the following fields are populated:
 - i. Primary Relationship
 - ii. Start Date
 - iii. Medical: Reason for Visit (*this will show on the Person Centered Support Plan Report*)
 - iv. Medical: Frequency (*this will show on the Person Centered Support Plan Report*)
 2. If no match is found,
 - a. On the **File** menu **Close Professional Relations Search**
 - b. Click the **Notes** tab.

- i. On the **File** menu, click **Add Notes**.
 1. Set Division = 'SDS.'
 2. Set Program = the program for this consumer's plan.
 3. Set Note Type = 'Case Note-External.'
 4. Set Note Sub-Type = 'Other Case Activity.'
 5. Description = "New Medical Provider needs to be Added"
 6. Note = Enter the Complete Clinic Address, Phone and Fax #'s
 7. Set Status = 'Pending'
 8. Attach supporting documentation. (Medical Notes)
 9. On the **File** menu, click **Save and Close Notes**.
- d. Repeat this step for all Medical Professionals who prescribe Medications or Services to the person
- e. Add the Back-up Care Coordinator
 - i. Search on their Last & First name, remember to delete the Agency search line
 - ii. Select **Primary Relationship** 'Other Professional' from the dropdown menu
 - iii. Other **Relationship** is 'Care Coordinator'
 - iv. Enter "Back-up Care Coordinator" in the **Comments**
- f. On the **File** menu, click **Save and Close Professional Relations** when done.



Practice Exercise #4

1. Add two case relations with all contact information for a Legal Representative, and Emergency Contact – Primary to the consumer's record.
2. Add two professional relations for two different medical professionals

Initial Person Centered Support Plan Creation

1. Click the **Plans** tab in the Consumers Record. On the **File** menu, click **Add Plan**.
 - i. Enter Plan Information.
 1. Set Division = 'SDS.'
 2. Set Program = the program for this consumer's plan.
 3. Set the Plan Type = 'Initial.'
 4. The Status defaults = 'Draft.'
 5. Enter a plan **Start Date**. Based on the approved LOC dates (Initials Only)
 - a. [Refer to the Consumer Notes for the LOC letter](#)
 6. Enter a plan **End Date**.
 7. On the **File** menu, click **Save Plan**. **DO NOT SAVE and CLOSE!**

Plan Details	
Division *	SDS ▼
Program	ALI Program ▼
Plan Type	Initial ▼
Status	Draft ▼
Submitted Date *	06/21/2017
Approved Date	
Start Date	07/03/2017
End Date	07/02/2018
Worker	Johns, Jennifer
Plan/Amendment Details	<div></div>

Support Plan creation

- ii. Add the Person Centered Support Plan Details form
 1. Click the **Plan Forms** subpage.
 2. On the **File** menu, click **Add Plan Forms**
 - a. Set the **Type** = 'Person Centered Support Plan Details.'

File

Please Select Type:

Section 1	Person Centered Questionnaire
Cycle	Person Centered Support Plan Details
Start Date	Plan of Care Section IX Signature
	Request for Monthly In-person Visit Exception
	Support Plan Supplement

Add SDS Waiver Support Plan Details form

- b. Set the Cycle = 'Initial.'
- c. Set the Program = the program for this consumer's plan.
- d. Match the date to the **start date of the plan**
- e. Complete the form using plain language and complete sentences.
- f. When you are done completing the form; Set Status = 'Pending'
- g. On the **File** menu, click **Save and Close Plan Forms**.

**Key Point**

The information entered on this form populates the *Person Centered Support Plan Report*. The text entered into the blocks cannot be formatted, they support 5000 characters of plain text and punctuation. You could format your text in a Word document then cut and paste into the correct section, if you'd like to use bullet points. (**Bold**, *italic* and underlined text will be changed back to plain text.)

You may want to use a Plan Worksheet to pre-write the Emergency Response and Personal Profile sections. This will allow you to utilize bulleted lists to organize the information, and you can see all of the text you've entered. Once you've completed the worksheet you can copy & paste your responses into the Harmony system.

The Personal goal will be captured in a different location later in the planning process.

The summary of Natural/Family or Community Supports should reflect services and supports that are being provided to the consumer that Medicaid Waiver would pay for otherwise.

Example:

- Waiver will not reimburse for 'emotional support and observation' and it couldn't be quantified by a weekly average.
- A meal provide by a local church or transportation provided by a family member would be examples of supports that waiver might provide if the family or community did not.

Continue to include any Medicaid DME, PCA or Other (VA benefits)

If Section V (5) ~ Out of Home Residential doesn't apply to your consumer, just enter N/A and skip the remaining section.

Include the Consumer, their Legal Rep and the Care Coordinator and the BACK-UP CARE CORRINATOR plus all the other providers on the Planning team. You can exclude EMOD, SME and Transportation providers.



Practice Exercise #5

1. Add and complete ALL fields in the *Person Centered Support Plan Details* form.

Enter Need and Goals



Key Point

The Personal **NEED** must be selected before the person's Personal Goal can be described.

Click on Needs-Goals, then on Add Need

1. Select the **Needs-Goals** sub-page and then click **ADD NEED** on the far right side of the page.
 - a. Select Need Code = **0 Personal Need**
 - b. On the **File** menu, click **Save and Close Need**.
 - c. Then Add the Personal Goal.
 - i. On the right-hand side of the Need, click the flyout menu arrow and click **Add Goal**.

- ii. Select the Goal Code = **0 Personal Goal**
- iii. Write the consumer's personal goal.
- iv. Leave all Service Links blank.
- v. Set this Goal = 'New.' –bottom of the screen
- vi. On the **File** menu, click **Save and Close Goal**.

Goal	
Goal Code *	0
Goal	Go to Hawaii next year to watch the
Status	Pending
Revision Date	09/28/2018
Completion Date	
Service Link 1	
Service Link 2	
Service Link 3	
Service Link 4	
Service Link 5	
Service Link 6	
Service Link 7	
Service Link 8	
Is This Goal	New

The Service Link field links the goal to the service so the two will display on the *Person Centered Support Plan report* together. **Personal goals should not be linked** to a specific service so all Service Links under a personal goal should be left blank.



Key Point

A need **MUST** be identified before a goal to support the need can be described. For Non-Habilitative or Outcome Based Services describe in detailed plain language what the provider will do to support the individual

A Need and a Goal must be provided for every waiver service being requested.

The only exception is Monthly Care Coordination, Plan Development and Screening

2. Continue to add Needs, Goals, Objectives, and Interventions for each waiver services.

Click on Needs-Goals, then on Add Need

- a. Add a Need.
 - i. Click the **Needs-Goals** sub-page and then click **ADD NEED** on the far right side of the page.
 - ii. Select Need Code. *(Refer to Job aide 44- Plan Needs-Goals)*
 - iii. Update Need comments box with more details if necessary.
 - iv. On the **File** menu, click **Save and Close Need**.
 - v. *If additional Need records should to be added, repeat steps 1 above.*

Need Data Entry

- b. Add a Goal.
 - i. On the right-hand side of the Need, click the flyout menu arrow and click **Add Goal**.

Add Goal

- ii. Select a Goal Code. *(Refer to Job Aid 44- Plan Needs-Goals)*
 - iii. Update the Goal comments box = goals are used to provide narrative description for support services being requested in the plan.

- iv. Add a Service Link to designate the service(s) in the plan that will support this goal



Key Point

The Service Link field links the goal (description of the service) to the service provider so the two will display on the *Person Centered Support Plan report* together.

- v. Set Is this Goal = 'New.'
- vi. On the **File** menu, click **Save and Close Goal**.
- vii. *If additional Goal records need to be added, repeat steps above.*

Goal	
Goal Code *	21
Goal	Increase/Sustain Health and Nutrition skills across environments....add as much data as you want to this box.
Status	Pending
Revision Date	07/26/2017
Completion Date	
Service Link 1	Meals
Service Link 2	
Service Link 3	
Service Link 4	
Service Link 5	
Service Link 6	
Service Link 7	
Service Link 8	
Is This Goal	New





Goal Data Entry

- c. Add an Objective. (**only needed for Habilitative services**)
- i. On the right-hand side of the Goal, click the flyout menu arrow and click **Add Objective**.

Needs-Goals		
COLLAPSE ALL ADD NEED		
<input checked="" type="checkbox"/> Need: Personal Need. Add as much information as you want here	Pending	▼
<input checked="" type="checkbox"/> Goal: Personal Goal add as much information as needed	Pending	▼
Objective: Personal Objective.....add as much text here as needed	Pending	▼
<input checked="" type="checkbox"/> Need: Nutrition You can add as much text as you want in this area...	Pending	▼
Goal: Increase/Sustain Health and Nutrition skills across environments.....add as much data as you want to...	Pending	▼ Add Objective

Add Objective

- ii. Add an Objective Code.
- iii. Update the Objective comments box with more details.
- iv. On the **File** menu, click **Save and Close Objective**.
- v. *If additional Objectives need to be added, repeat steps.*

Objective	
Objective Code *	1 
Objective	<div style="border: 2px solid red; padding: 5px;"> List the skill development for this goal... this is free text to list all objectives for the related goal </div>
Status	Pending 
Revision Date	07/26/2017 
Completion Date	

Objective Data Entry

- d. For each objective- Add an Intervention.
 - i. On the right-hand side of the Objective, click the flyout menu arrow and then click **Add Intervention** (only needed for Habilitative services).

Needs-Goals

[COLLAPSE ALL](#)
[ADD NEED](#)

[-] Need: Personal Need. Add as much information as you want here	Pending	▼
[-] Goal: Personal Goal add as much information as needed	Pending	▼
Objective: Personal Objective.....add as much text here as needed	Pending	▼
[-] Need: Nutrition You can add as much text as you want in this area...	Pending	▼
[-] Goal: Increase/Sustain Health and Nutrition skills across environments.....add as much data as you want to...	Pending	▼
Objective: List the skill development for this goal.... this is free text to list all objectives for the related...	Pending	▼ Add Intervention

Add Intervention

- ii. Add an Intervention Code.
- iii. Update the Intervention comments box with more details.
- iv. On the **File** menu, click **Save and Close Intervention**.




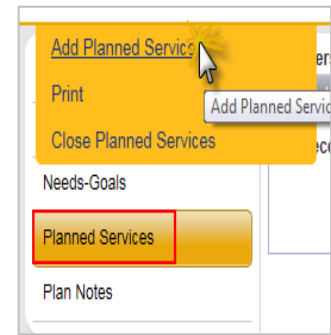
Practice Exercise #6

1. Add one need.
2. Add two goals for that need.
3. Add one objective for each goal.
4. Add one intervention for each objective.

Enter Planned Services

Add Planned Services:

1. Click the **Planned Services** subpage.
2. From the **File** menu, click **Add Planned Service**.
 - a. Verify the Start Date defaults to the Plan Start Date.
 - i. Modify if appropriate. An adjusted Start Date must fall within the overall Plan Period.
 - b. End Date defaults to the Plan End Date.
 - i. Modify if appropriate. An adjusted End Date must fall within the overall Plan Period.
 - c. Select Region-Program (Consumer's Region).
 - i. Click the **ellipsis button** () to open the Region-Program search box.
 - ii. Select the consumer's correct Region-Program combination based on the region of the consumer's residential address and the program for this consumer's plan.
 - d. Select the Service Code.
 - i. Click the **ellipsis button** to open the Service search box.
 - ii. Search and select the Service.
 - iii. Service Description and Unit Type will populate based on Service Code selection.
 - e. Enter Units Per Period = the number of units planned for each service period (below).
 - f. Select the Period = the time interval for planning delivery of this service.
 - i. Options include: Business Day, Calendar Day, Week, Month, Year, or Quarter.
 - ii. If entering a service that is not an annual, monthly or daily unit, then select Period = Week and enter Units Per Period = the weekly average number of units.
 - g. Total Units will auto-calculate based on the Units Per Period, Period, and Service Start Date-End Date range.
 - i. **Note: If the system calculated Total Units exceeds the regulatory max for this service, then adjust the Total Units down to the regulatory max.**
 - h. Select the Provider ID.
 - i. Click the **ellipsis button** to open the Provider search box.
 - ii. Search and select the Provider for this service using Provider Name.
 3. Provider will populate based on the Provider ID selection.



Planned Services				
Start Date	07/03/2017			
End Date	07/02/2018			
Division	SDS			
Region-Program (Consumer's Region)	Index Code	Index Description	SubObject	SubObject Description
	4	IV-Anchorage	ALI	ALI Program
Service Code *	S5170			
Service Description	Meal, Home Delivered (limit 2 per day)			
Unit Type	Meal			
Use Service Schedule	<input type="checkbox"/>			
Units Per Period	2			
Period	Calendar Day			
Total Units	730			
Provider ID *	18905			
Provider	ASAP 3			
Unit Cost	\$21.77			
Total Cost	\$15,892.10			
Comments				

Planned Service Data Entry

**Tip**

In order for auto-calculated fields on the Planned Service page to function properly, you must fill out the fields on the page sequentially from top to bottom.

- On the **File** menu, click **Save and Add Another** or **Save and Close Planned Services**.
- If additional Planned Services records need to be added, repeat steps above.

File
Save Planned Service
Spell Check
Save and Add Planned Service
Save and Close Planned Services
Print
Close Planned Service

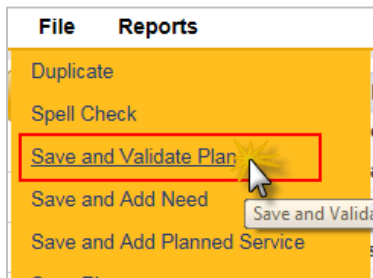
Validate the Plan and Print for Signatures



Note

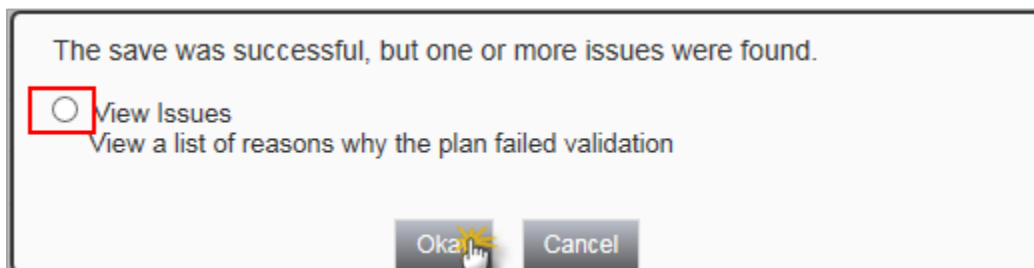
Plan Validation applies program and service-specific business rules to a Support Plan based on applicable regulations and guidelines.

1. Click the **Plan Information** subpage.
2. On the **File** menu, click **Save and Validate Plan**.



Save and Validate Plan

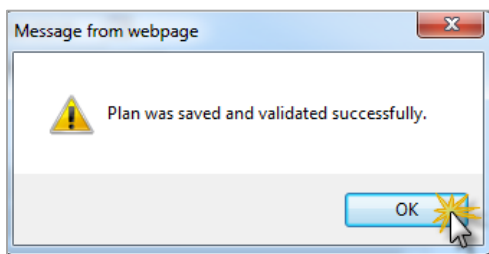
- a. If Plan Validation fails, click **View Issues** and then click **OK** to review the *Plan Validation* Report.
 - i. Refer to *Job Aid 08 Plan Validation*
 - ii. If you cannot resolve the validation issue, include the explanation in the body of the Note when you attach the signed plan.



Plan Validation Failed

OR

3. If the Plan passes Validation, close the Plan Validation Report window by clicking OK

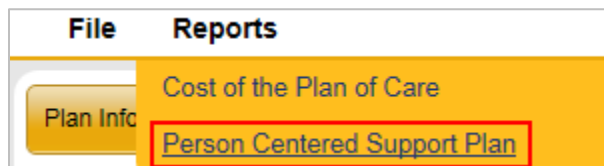


Plan Validation Passed

**Practice Exercise #7**

1. Add two Planned Services to the consumer's plan.
2. Run the Plan Validation.
3. Correct issues if the Plan Validation fails.

4. Care Coordinator – Print the *Person Centered Support Plan* Report.
 - a. Click the **Plans** tab.
 - b. On the **Reports** menu, click **Person Centered Support Plan**



Person Centered Support Plan report

- c. Print the report then, Save the PDF file
- d. Close the Support Plan Report window
- e. On the **File** menu, select **Close Plan Information**



5. Associate Provider of Planned Services to Consumer.
 - a. Click the **Providers** tab.
 - b. On the **File** menu, click **Add Provider Association**.
 - i. Set Division = SDS.
 - ii. Set the Provider = the Provider on the Planned Service.
 - iii. Select an Association Type of the Provider's relationship with the consumer.
 - iv. Set the Status = one of the following:
 1. 'Proposed' (Care Coordinator suggested).
 2. 'Requested By Consumer.'
 - v. Set the Start Date = date the Service Provider will begin to server the consumer
 - vi. On the **File** menu, select **Save and Close Provider Association**
 - vii. Repeat for all distinct Providers within the Support Plan, that are not already listed.

**Key Point**

If consumer is in a contracted facility where the billing and rendering providers are different, add both Providers to the Providers tab to show that the consumer is associated with both.

Provider Association	
Division *	SDS ▼
Provider *	A Better Home Care ▼ Details
Association Type	Care Coordination ▼
Status *	Proposed ▼
Primary Worker *	Johns, Jennifer Details
Start Date	11/02/2017

Set Provider Association to Proposed

6. Add a Note to identify the Providers considered and chosen by the consumer.
 - a. Click **Plan Notes** subpage

- b. On the **File** menu, click **Add Note**.
 - c. Set the Program = the program for this consumer's plan.
 - d. Set the Note Type = 'Plan Note.'
 - e. Set the Note Sub-type = 'Providers Considered.'
 - f. Short Description= List of Available Providers
 - g. Enter a Note about the Providers who were considered.
 - h. Set Status = 'Pending'
 - i. Add Attachment (*optional*). The Alaska resources website "AccessPoint" <https://akaccesspoint.com/SitePages/Home.aspx> will eventually offer the option to print a list of providers in the consumers region.
 - j. On the **File** menu, click **Save and Close Plan Notes Popup**.
7. Obtain signatures on Person Centered Support Plan where applicable (*outside Harmony*).
8. Complete the SDS Form [Uni-15 Person Centered POC Questionnaire](#) with the consumer.
9. Enter the Person Centered Questionnaire.
 - a. On the **File** menu, click **Add Plan Form**.
 - b. Select a Type of '*Person Centered Questionnaire*.'
 - c. Set the Cycle = 'Initial.'
 - d. Set the Start Date = match the Plan start date
 - e. Set the Program = the program for this consumer's plan.
 - f. Complete the form. Based on the Consumers answers given on SDS Form [Uni-15 Person Centered POC Questionnaire](#)
 - i. Type in the Care Coordinator Name
 - ii. Select answers for questions 3 -5 base on the consumers response.
 - g. Set Status = 'Pending'
 - h. On the **File** menu, click **Save Plan Forms**
10. Add a Request for Monthly In-Person Visit Exception (*optional*).
 - a. On the **File** menu, select **Add Plan Forms**.
 - b. Select Type = '*Request for Monthly In-Person Visit Exception*.'
 - c. Set Cycle = 'Initial'
 - d. Set the Program = the program for this consumer's plan.
 - e. Complete the form.
 - f. Set Status = 'Pending'
 - g. On the **File** menu, click **Save and Close Plan Forms**.
 - h. Add a Plan Note to document which Providers were considered in the Provider selection process.

It's recommend to repeat Plan validation one last time before submitting the Plan.

1. Click the **Plan Information** subpage.
2. On the **File** menu, click **Save and Validate Plan**.
3. If Plan Validation fails, click **View Issues** and then click **OK** to review the *Plan Validation Report*.
 - a. Refer to *Job Aid 08 Plan Validation*
 - b. If you cannot resolve the validation issue, include the explanation in the body of the Note when you attach the signed plan.
4. If the Plan passes Validation, close the Plan Validation Report window by clicking OK

Add the Signed Plan to a Plan Note and attach documents.

1. Click the **Plans** tab.
 - a. Click to open the Plan record.
 - b. Click the **Plan Notes** subpage.
 - i. On the **File** menu, click **Add Note**.
 1. Set the Program = the program for this consumer's plan.
 2. Set the Note Type = 'Plan Attachments.'
 3. Leave the SubType blank.
 4. Enter a brief description of what is begin attached
 5. Note any comments you'd like SDS to consider when reviewing this plan
 6. Set Status = 'Pending'
 - ii. Attach the required documents to support the requested services.
 1. Include a Brief Description
 2. Selecting the Attachment category if applicable.
 - a. C-Plan-Person Centered Support Plan with Signatures
 - b. C-Plan-IAT (Intensive Active Treatment) Plan
 - c. C-Plan-Acuity Rate
 - d. C-Plan-Specialized Medical Equipment Medical Justification and Invoice
 - e. C-Plan-Environmental Modification
 - f. C-Plan-Safety Plan
 - g. C-Plan-Behavioral Plan
 - h. C-Plan-Nursing Oversight Plan, Notes and Checklist
 - i. C-Plan-Care Calendar
 - j. C-Plan-Specialized Private Duty Nursing prescription
 - c. On the **File** menu, click **Save and Close Notes Popup**.
 - d. Add another (2nd) **Plan Note** to attach the *signed* Support Plan and Questionnaire
 - i. On the File menu, click Add Note
 - ii. Set the Program = the program for this consumer's plan.
 - iii. Set the Note Type = 'Plan Attachments'
 - iv. Leave Subtype blank
 - v. Set description = Signed Support Plan, PC Questionnaire
 - vi. Set Status = 'Pending'
 - vii. Add the signed Person Centered Questionnaire as a note attachment
 - viii. On the File menu, click Save and Close Plan Notes Popup

Notes	
Division *	SDS
Note By *	Johns, Jennifer
Note Date *	06/21/2017
Program	ALI Program Details
NoteType *	Plan of Care Attachments
Note SubType	
Description	
Note	
Status *	Pending
Date Completed	
Phone Number	
Attachments	
Add Attachment	
Document	Description
test doc.txt	Plan-SDS Waiver Plan of Care Report with Signatures

[Plan Note for Plan attachments](#)

2. Update the Plan Status.
 - a. Click the **Plan Information** subpage.
 - b. Set Status = 'Submitted'
 - c. Update Submitted Date = Today's Date (should do this automatically)
 - d. On the **File** menu, click **Save & Close Plan**.

Plan Information	Plan Details
Planned Services	Division * SDS
Plan Forms	Program IDD Waiver Program Details
Needs-Goals	Plan Type Initial
Plan Notes	Status Submitted
	Submitted Date * 09/22/2017

[Set Status equal to Submitted when plan is ready to be submitted to SDS for Review](#)



Key Point

Once a Plan is saved in the **Submitted** Status it is locked for editing. SDS will receive notice there is a Support Plan waiting for review. You can track the status of a plan as it goes through the review process by monitoring the Plan on your Consumer's record.



Practice Exercise #8

1. View and export Person Centered Support Plan Report.
2. Add Plan Attachments Note.
3. Submit the Person Centered Support Plan to SDS for Review by setting the Plan Status to Submitted.



SDS Staff – Reviews Person Centered Support Plan and Approves

- Reviews Person Centered Support Plan
- If approved, SDS passes plan to DPA, creates Authorizations and notifies Care Coordinator and SDS Program Assistant
- SDS notifies Care Coordinator of decision via a note

Approved Person Centered Support Plan

1. Monitor Consumer Ticklers queue.
 - a. On the **My Harmony** home page, in the **Consumers** column, under the **Ticklers** header, click the Ticklers item to open the list in a new window.
 - b. Find the Tickler record where the Tickler Name is 'Support Plan Approved: Send Support Plan Report'
 - c. Point to the flyout menu arrow and click **View Consumers Record**.

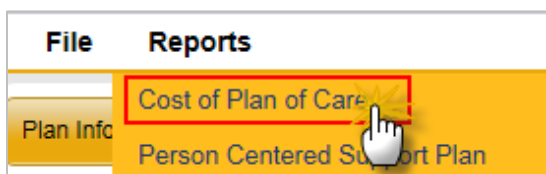
CaseNo	Consumer Name	Tickler Name	Date Created ▾	Date Due	Date Completed	Status
61650	Snow, Dany	Support Plan Approved: Send Person Centered Support Plan Report to all Providers identified in the plan per COPs and Consumer/Guardian	11/02/2017	11/02/2017		New ▶
61650	Snow, Dany	Amended Plan of Care Approved: Send Plan of Care Report to all Providers identified in the plan per COPs	11/02/2017	11/02/2017		▶
61650	Snow, Dany	Renewal Plan of Care due in 30 days	11/02/2017	10/01/2017		▶
61650	Snow, Dany	Plan of Care Approved: Send Plan of Care Report to all Providers identified in the plan per COPs and Consumer/Guardian	11/02/2017	11/02/2017		▶

View Consumer Record from Tickler

2. Send the *Person Centered Support Plan* to the Consumer/Guardian and Service Providers.
 - a. Click the **Plans** tab.
 - i. Click to open the recently-approved Plan record.
 - b. Click the **Plan Notes** subpage
 - i. Click the plan note with description = 'Signed SDS PCSP and Approval Letter' to open
 - ii. Under Attachments, click the document with Category = 'C-Plan-Person Centered Support Plan Report with Signatures' to open
 1. This Copy has the SDS Approvers Signature
 - iii. Save a copy for secure e-mail and/or print copies to deliver the Approved Plan to the Consumer and all Service Providers on the plan (*outside harmony*)
 - c. Click the **Plan Information** subpage
 - i. On the **Reports** menu, click **Cost of Plan of Care**.
 - ii. Save the PDF file, then Print the Cost report for the Consumer



Save and Print Icons in PDF



Click Cost of Plan of Care under Reports menu

3. Deliver a copy of the approved Amended Support Plan & the Cost of Plan of Care to the consumer and providers

Incomplete Person Centered Support Plan



SDS Staff – Reviews Person Centered Support Plan and Returns Incomplete Plan to Care Coordinator

- Reviews Person Centered Support Plan
- If Plan is incomplete, SDS will send an Incomplete Courtesy Notice to Care Coordinator via a note

1. Monitor My Harmony for new Notes from SDS
 - a. On the **My Harmony** home page, in the **Consumers** column, under the **Notes** header, click the **Complete** item to open the list in a new window
 - i. Find the note with Note Type = “Incomplete Notice” and Note Subtype = “Courtesy Notice”
 - ii. Take note of the consumer’s name
 - iii. Review missing information

Note Details	
Division *	SDS ▼
Note By *	Johns, Jennifer ▼
Note Date *	06/28/2017
Program	ALI Program ▼ Details
Note Type *	Incomplete Notice ▼ *
Note Sub-Type	Courtesy Notice ▼
Description	Incomplete Plan of Care
Note	<div> 1. Missing Signatures of Service Providers on Waiver Plan of Care Report Signature Page 2. Plan validation Failed due to number of units per week exceed limit for Chore </div>
Due Date	07/12/2017
Status *	Complete ▼
Date Completed	06/28/2017

Courtesy Notice note to Care Coordinator

- iv. On the **File** menu, click Close **Notes**

2. Open the Consumers Record and update the Plan and/or provide missing information
 - i. Click the **Plans** tab.
 - ii. Click the **Plan Notes** subpage.
 1. Find the note from the reviewer here if you need to refer to it again.
 - iii. On the **File** menu, click **Add Note**.
 1. Set Division = ‘SDS.’
 2. Set Program = Consumer’s Program.
 3. Set the Plan Note Type = ‘Person Centered Support Plan Attachments.’
 4. Leave note subtype blank
 5. Set Status = ‘Pending’
 6. Description = what you have updated
 7. Note = any more information the reviewer should know
 8. Add SDS Reviewer from the Courtesy Notice as a note recipient
 9. On the **File** Menu, select **Save and Close Notes Popup**.

3. Resubmit Plan for SDS Review (*transition point*).
 - a. Click the **Plan Information** subpage.
 - b. Set Status back to 'Submitted'
 - c. On the **File** menu, click **Save and Close Plan**.

Plan Information	Plan Details	
Planned Services	Division *	SDS
Plan Forms	Program	IDD Waiver Program Details
Needs-Goals	Plan Type	Initial
Plan Notes	Status	Submitted
	Submitted Date *	09/22/2017

Set Status equal to Submitted when plan is ready to be submitted to SDS for Review

EMOD Completions



Info

For EMOD Completions, SDS Approves 25% of the cost of the item up front and 75% once pictures and details are submitted.

1. When the EMOD is complete, the Care Coordinator must upload pictures as attachments to a Plan Note.
 - a. Locate your Consumer Record
 - b. Go to the Plans Tab
 - i. Select the Support Plan with the EMOD service approval.
 - c. Find the Reviewer who approved the Plan with the EMOD service
 - i. On the **File** menu, click **History**
 - ii. On the bottom of the History page, click Next until you find where the Status = "Approved Pending SA" or "Approved Pending DPA" was applied to this plan.
 - iii. Take note of the User Stamp field, this is the SDS Reviewer you will need to add as a Note Recipient
 1. User stamp should be the Reviewer's email address
 - iv. On the **File** menu, Close the History Viewer page

History Viewer	
This record was updated by jjohns at 8/31/2017 3:35:38 PM	
Plan Details	
Division *	SDS
Program	IDD Waiver Program
Plan Type	Initial
Status	Approved Pending DPA
Submitted Date *	08/31/2017
Approved Date	
Start Date	09/30/2017
End Date	09/29/2018
Worker	Johns, Jennifer
Plan/Amendment Details	
PCA Regulatory Review Results	
PCA Assessment Date	
Reason For Ignoring Validation	
Close Date	
Close Description	
User Stamp	jjohns
Date Time Stamp	8/31/2017 3:35:38 PM
<< First < Previous Record 18 of 33 Next > Last >>	

- v. Click the **Plan Notes** subpage.
- vi. On the **File** menu, click **Add Note**.
 1. Change the Program to the consumer's Program.
 2. Set Plan Note Type = 'Plan Note.'
 3. Set Plan Note Subtype = 'EMOD Complete.'
 4. Set Description = Short description of details regarding EMOD
 - a. "Bathroom EMOD Complete"
 5. Set Note = Long description of additional details regarding EMOD
 6. Set Status = 'Pending'
 7. Click Add Attachment
 - a. Upload pictures of the completed EMOD
 8. Add the Reviewer who approved the Plan with EMOD service as the Note Recipient
 9. On the **File** Menu, select **Save and Close Notes Popup**.
 - a. Tickler named "EMOD Complete: Review the Plan note and route tickler to different reviewer if reviewer who approved the EMOD is out of the office" is sent to the SDS Program Supervisor/ Manager role.

Notes	
Division *	SDS
Note By *	Johns, Jennifer
Note Date *	10/24/2017
Program	IDD Waiver Program Details
NoteType *	Plan Note
Note SubType	EMOD Complete
Description	Add a short description of the EMOD
	Add a long description of the EMOD
Note	
Status *	Pending
Date Completed	
Phone Number	
Attachments	
Add Attachment	
Document	Description
Category	
There are no attachments to display	
Recipients	
Select a new Recipient:	Clear

EMOD Complete Note

**SDS Staff – Reviews EMOD Complete note**

- Reviews EMOD Complete note and attachments
- If the EMOD Completion is sufficient the SA Staff will be notified
- If the EMOD Completion is not sufficient then SDS Staff will return the note to Care Coordinator

**Practice Exercise #9**

1. Log in using the Care Coordinator Role.
2. Create an EMOD Complete Note.

Plan Expiration Formal Notice

Once the plan is approved an automatic reminder (tickler) is created based on the End Date entered into the Support Plan. Sixty (60) days prior the end date of the Support Plan, a message tickler is delivered to the Care Coordinator to notify them that the Renewal Plan of Care is due in 30 days.

If you would like to view these ahead of the 60 day period uncheck **Apply Alert Days Before Due** when searching ticklers.

Filters

Status

Equal To

New

AND

X

CaseNo

+

☐ Apply Alert Days Before Due

Search

Reset

723 Ticklers record(s) returned - now viewing 1 through 15

CaseNo	Consumer Name	Tickler Name	Date Created	Date Due	Date Completed	Status
58733	Potter, James	Renewal Plan of Care due in 30 days	06/23/2017	09/01/2018		New

Future Plan Renewal Ticklers for the Care Coordinator

**Tip**

When searching for a future tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking search.

Chapter 3 Quiz



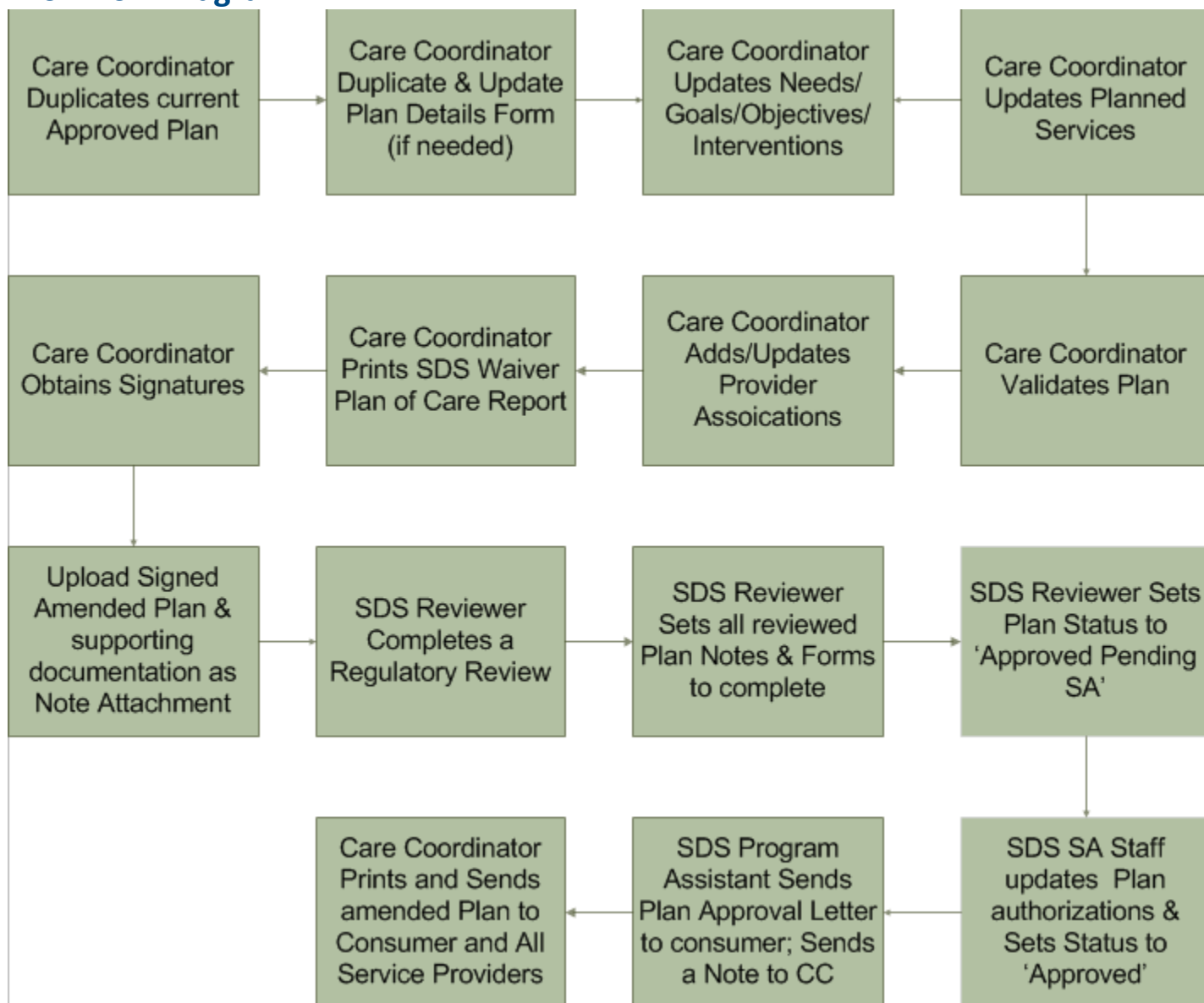
Now that you know the basic functions for creating a Person Centered Support Plan, check your understanding by answering the questions below.

1. What form must be filled out in order to populate the Person Centered Support Plan Report?
2. What field must be selected if you want to associate a Goal to a specific service on the Person Centered Support Plan?
3. True or False? A Care Coordinator is required to run Plan Validation prior to submitting a plan to SDS for review.
4. What status does the Care Coordinator set the plan to when it is ready for SDS to review?
5. How does the Care Coordinator notify SDS in the system that EMOD has been completed?
6. True or False? Reminder ticklers for Plan Renewals are based on the end date of the currently approved plan.

Chapter 4 | Amended Person Centered Support Plan

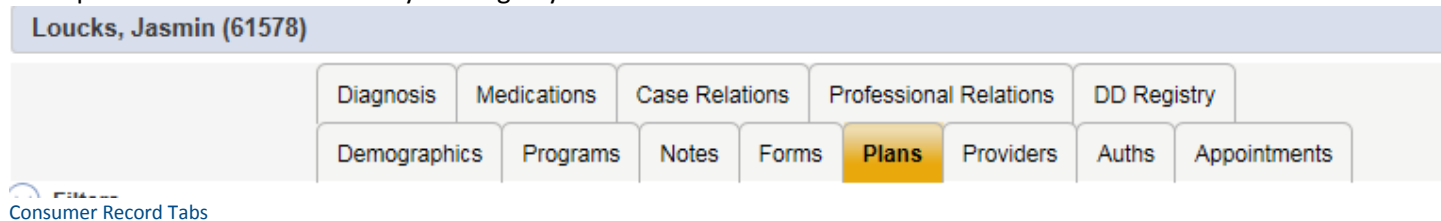
When a support plan requires amendment, the Care Coordinator will copy the current support plan to create a new plan record for the amendment. The Amended plan and planned services will become the active/current Plan once it's approved. SDS will resolve the overlap against the original plan during review and validate the plan to ensure compliance with program business rules.

Workflow Diagram

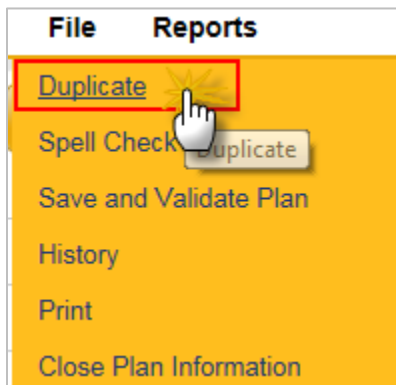


Create an Amended Support Plan

1. Locate the consumer record through your My Harmony page
 - a. My Consumers
 - i. Active
 - ii. Quick Search by Last name if needed
2. Open the Consumer record by clicking anywhere on the consumers line



3. Click the **Plans** tab.
4. From the Plans list view, open the current approved Plan.
 - a. On the **File** menu, click **Duplicate**.
 - b. Click **OK** to 'Plan was duplicated and saved as well as its needs, plan reviews and services' message.



Duplicate Plan

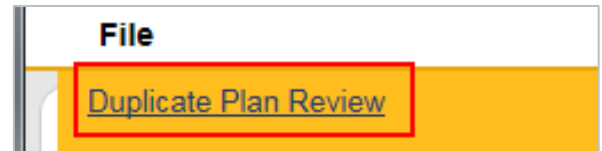
5. Update the Plan Information.
 - a. Set the Plan Type = 'Amended.'
 - b. The Plan Start Date and End Dates will be the same as the current year's initial renewal plan dates- Don't change them.
 - c. Add Plan/Amendment Details. (Briefly describe amendment)
 - d. Add Basis for Amendment.
 - e. Add Requested Action for Amendment.
 - f. On the **File** menu, click **Save Plan**.

Plan Details		
Division *	SDS	
Program	IDD Waiver Program Details	
Plan Type	Amended	
Status	Draft	
Submitted Date *	11/03/2017	
Approved Date		
Start Date	12/01/2017	
End Date	11/30/2018	
Worker	Johns, Jennifer Clear Details	
Plan/Amendment Details	Adding transportation Service	
Reason For Ignoring Validation		
Close Date		
Close Description		
User Stamp	jjohns	
Date Time Stamp	11/6/2017 11:47:09 AM	
Basis for Amendment *	Employment Needs Environmental Modification Functional Capacity Health Status Paid Caregivers Paid Services Physical Living Environment	Medical Condition Per Request Addition of New Service
Requested Action for Amendment *	Removal of Service Travel Change Provider Increase of Current Service Decrease of Current Service	

or

6. If Person Centered Support Plan Details needs updated, duplicate form *(optional)**(If nothing has changed on this form there is no need to duplicate it)*

- a. Click the **Plan Forms** subpage.
- b. Click the most recent Person Centered Support Plan Details form to open.
- c. On the **File** menu, click **Duplicate Plan Review**.
- d. Set Status = 'Amended'
 - i. Make any changes that are needed
 - ii. Set Form Status to **Pending**
- e. On the **File** menu, click **Save and Close Plan Forms**.



7. Update Personal Need /Goal and Add/Update Service-Related Needs/Goals/Objectives and Interventions.

- a. On the **Needs-Goals** subpage, select **Need(s)**.
 - i. Update the Need comments box with more details if needed.
 - ii. Update the Status to 'Complete,' if the goal will not be continued.
 1. Enter the Completion Date.
 - iii. Leave the status 'Pending' for any Needs/Goals/Objectives and Interventions that are still current
 - iv. Update the Revision Date.

Need	
Need Code *	2
Need	Self care/ personal living
Status	Pending Complete
Revision Date	02/21/2017
Completion Date	07/26/8201
Primary Need	<input checked="" type="checkbox"/>

Completed Need

- v. On the **File** menu, click **Save and Close Need**.
- vi. Select Goal(s).
 1. Update the Goal comments box with more details.
 2. Reset the Status = 'Pending' or 'Complete,'
 - a. Enter a Completion Date.
 3. Update the Revision Date, only if the goal has been updated.
 4. Add or update Service Links, as needed.

**Tip**

The Service Link field will link the goal to the service so the two will display on the Person Centered Support Plan report together.

5. Select the value for 'Is this Goal.'
 - a. New
 - b. Revised
- vii. On the **File** menu, click **Save and Close Goal**

Goal	
Goal Code *	1
Goal	Increase independence in chosen home setting... continuing goal
Status	Pending
Revision Date	06/27/2017
Completion Date	
Service Category 1	047 Home Community Based Agency
Service Category 2	
Service Category 3	
Service Category 4	
Service Category 5	
Service Category 6	
Service Category 7	
Service Category 8	
Is This Goal	Continued

Continued Goal

viii. Select Objective(s).

1. Update the Objective comments box with more details.
2. Reset the Status = 'Pending' or 'Complete,' if applicable.
 - a. Enter the Completion Date.
3. Update the Revision Date.
4. On the **File** menu, click **Save and Close Objective**.


ix. Select Intervention(s).

1. Update the Intervention comments box with more details.
2. Reset the Status = 'Pending' or 'Complete,' if applicable.
 - a. Enter a Completion Date.
3. Update the Revision Date.
4. On the **File** menu, click **Save and Close Intervention**.

x. Repeat steps above to review and update all Needs/ Goals/Objectives and Interventions

8. Update Planned Services.

- a. Run the *Cost of Plan of Care* report (need to refer to it in the next step).
 - i. Click the **Plan Information** subpage.
 - ii. On the **Reports** menu, click **Cost of Plan of Care**
 1. Print or save to different viewer



Cost of the Plan of Care

Consumer Name:	James Potter	Medicaid#:	Waiver Type: ALI Program			Plan Type: Amended
Address:	5069 Hogworth Castle Drive	Consumer#:	58733	POC Start Date: 09/11/2017	POC End Date: 07/02/2018	
City, State, Zip:	Anchorage, AK, 99502					
Date of Birth:	05/17/1956					

Certified Enrolled HCBW Agencies	Enterprise Billing#	POC Service Start Date	POC Service End Date	Type of HCBW Service	Billing Code	Unit Value	Unit Rate	Units	Total Cost
About You Care Coordination	1585376	07/03/2017	07/02/2018	Care Coordination Monthly Case Management	T2022	Units	\$250.00	12.00	\$3000.00
ASAP 3	HBW1233	07/03/2017	07/02/2018	Meal, Home Delivered (limit x2 per day)	S5170	Meal	\$21.77	730.00	\$15892.10

Example Cost of Plan of Care Report

- b. Click the **Planned Services** subpage to update Existing Services.
 - i. Click to select a planned service record from the list.
 1. Update Units Per Period, if changing.
 2. On the **File** menu, select **Save and Close Planned Services**.

**Tip**

To change, the amount of units for an existing provider, you will need to clear the Units Per Period, Period and Total Units fields to reset the page so it automatically recalculates.

Tip


In order for auto-calculated fields on the Planned Service page to function properly, fill out the page fields from top to bottom.

- c. End any discontinuing Service Providers
 - i. Click to select a planned service record from the list.
 - ii. Enter an end date
 1. The units should automatically re-calculate based on the new end date

Planned Services	
Start Date	07/03/2017
End Date	07/02/2018
Division	SDS

- d. Add New Services or Providers.
 - i. Click the **Planned Services** subpage.
 - ii. On the **File** menu, click **Add Planned Service**.
 - a. Start Date defaults to the Plan Start Date.
 - i. Change Start Date = the date the new service starts.
 - b. End Date defaults to the Plan End Date.
 - i. Set End Date = the end date of the consumer's plan period or the date the service needs to end.
 - c. Select Region-Program (Consumer's Region).
 - i. Click the **ellipsis button** to open the Region-Program search box.
 - ii. Select the consumer's correct Region-Program combination based on the region of the consumer's residential address and the program for this consumer's plan.
 - d. Select the Service Code.
 - i. Click the **ellipsis button** to open the Service search box.
 - ii. Search and select the Service.
 - iii. Service Description and Unit Type will populate based on Service Code selection.
 - e. Enter Units Per Period = the number of units planned for each service period (below).
 - f. Select the Period (Business Day, Calendar Day, Week, Month, Year, Quarter).
 - i. Options include: Business Day, Calendar Day, Week, Month, Year, or Quarter.
 - ii. If entering a service that is not an annual, monthly or daily unit, then select Period = Week and enter Units Per Period = the weekly average number of units.
 - g. Total Units will auto-calculate based on the Units Per Period, Period, and Service Start Date-End Date range.
 - i. Note: If the system calculated Total Units exceeds the regulatory max for this service, then adjust the Total Units down to the regulatory max.
 - h. Select the Provider ID.
 - i. Click the ellipsis button to open the Provider search box.
 - ii. Search and select the Provider for this service using Provider Name.
 - iii. Provider will populate based on the Provider ID selection.
 - i. On the **File** menu, do one of the following:
 - i. Click **Save and Add Another** to add another new service.
 - ii. Click **Save and Close Planned Services**.

9. Run the *Cost of Plan of Care* report AGAIN (need to refer to update Provider Associations).
 - i. Click the **Plan Information** subpage.
 - ii. On the **Reports** menu, click **Cost of Plan of Care**
 1. Print or save to different viewer



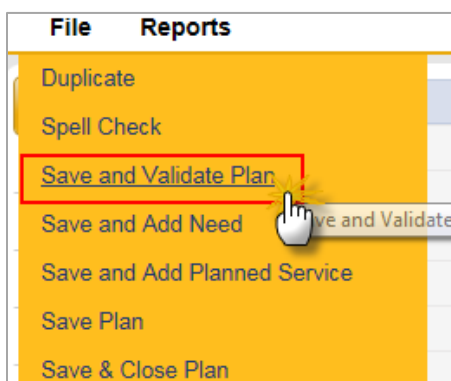
Cost of the Plan of Care

Consumer Name:	James Potter	Medicaid#:	Waiver Type: ALI Program		Plan Type: Amended
Address:	5069 Hogworth Castle Drive	Consumer#:	58733	POC Start Date: 09/11/2017	POC End Date: 07/02/2018
City, State, Zip:	Anchorage, AK, 99502				
Date of Birth:	05/17/1956				

Certified Enrolled HCBW Agencies	Enterprise Billing#	POC Service Start Date	POC Service End Date	Type of HCBW Service	Billing Code	Unit Value	Unit Rate	Units	Total Cost
About You Care Coordination	1585376	07/03/2017	07/02/2018	Care Coordination Monthly Case Management	T2022	Units	\$250.00	12.00	\$3000.00
ASAP 3	HBW1233	07/03/2017	07/02/2018	Meal, Home Delivered (limit x2 per day)	S5170	Meal	\$21.77	730.00	\$15892.10

Example Cost of Plan of Care Report

10. Validate Plan.
 - a. Click the **Plan Information** subpage.
 - b. On the **File** menu, click **Save and Validate Plan**.



Save and Validate Plan

1. If Plan Validation fails, click **View Issues** and then click **OK** to review the *Plan Validation* Report.
 - a. Refer to *Job Aid 08 Plan Validation*
 - b. If you cannot resolve the validation issue, include the explanation in the body of the Note when you attach the signed plan.
2. If the Plan passes Validation, close the Plan Validation Report window by clicking OK

11. Print the *Amended Person Centered Support Plan* Report.

- a. On the **Plan Information** subpage.
- b. Select the **Reports** menu, click **Person Centered Support Plan**
- c. Print the report, then Save the PDF file to your files



Save and Print Icons in PDF

- d. Close the report page.
- e. On the **File** menu, click **Save & Close Plan**.

12. Obtain signatures on the Amended Plan where applicable (*outside Harmony*).

- a. Must sign
 - i. The consumer /guardian
 - ii. Care Coordinator
 - iii. Providers who are new or ending
 - iv. Providers whose amount of services is changing

13. Add a single Plan Note and attach documents.

- a. Locate your consumer through My Harmony –Active Consumers or Quick Search
 - i. Search for the consumer via number or last name.
 - ii. Open the Consumer Record
 - iii. Click the **Plans** tab
 - iv. From the list, select the most recent plan with Plan Type = Amended
 - v. Click the **Plan Notes** subpage
 - vi. From the **File** menu, click **Add Plan Notes**
 1. Set Division = 'SDS.'
 2. Set Program = the consumer's Program.
 3. Set Note Type = 'Plan Note.'
 4. Set Note Subtype = 'Plan Amendment.'
 5. Set Status = 'Pending'

Notes	
Division *	SDS
Note By *	Johns, Jennifer
Note Date *	06/23/2017
Program	ALI Program Details
NoteType *	Plan Note
Note SubType	Plan Amendment

Add Plan Amendment Note

6. Add the *Person Centered Support Plan* Report with Signatures attachment.
 - a. C-Plan-Person Centered Support Plan Report with Signatures
 - b. Add any other supporting documentation for the amendment request
- vii. On the **File** menu, click **Save & Close Notes Popup**
- viii. On the **File** menu, click **Close Plan Notes**

14. Associate/Update Provider(s) on Planned Services to Consumer.

- a. Click the **Providers** tab.
- b. Add/Update Provider Association
 - i. Set Division = 'SDS.'
 - ii. Select the provider to the provider on the Planned Service.
 - iii. Set the Status.
 1. Requested By Consumer
 - iv. Enter the start date to same as the Cost of Plan report.
 - v. On the **File** menu, click **Save and Close Provider Association**.
- c. End Provider Associations if the provider does not have any requested services for the Amended Plan.
 - i. Select the Provider that needs to be ended.
 - ii. Set Status = 'Pre-Closure.'

- iii. Enter the same End Date from the Cost of Plan report.
- iv. Select a Pre-Closure Reason from drop-down.
 1. Consumer Choice or Provider/Service Change.
- v. On the **File** menu, click **Save and Close Provider Association**



Key Point

If consumer is in a contracted facility where the billing and rendering providers are different (like a Family Hab. Home), add both Providers to the Providers tab to show that the consumer is associated with both.

15. Submit Plan for SDS Review (*transition point*)

- a. Update the Plan Status.
 - i. Select the **Plan Information** subpage.
 - ii. Set Status = 'Submitted'
 - iii. Update Submitted Date = Today's Date
 - iv. On the **File** menu, click **Save and Close Plan**.

Plan Details	
Division *	SDS
Program	ALI Program Details
Plan Type	Amended
Status	Submitted
Submitted Date *	06/23/2017
Approved Date	
Start Date	09/11/2017
End Date	07/02/2017
Worker	Beplay, Dale
Plan/Amendment Details	Adding Transportation Service

Set Amended Plan Status to Submitted when it's ready for SDS to review



Practice Exercise #10

1. Create an Amended Plan by duplicating an existing one.
2. Update fields in the Amended Plan.
3. Add two new services.
4. Remove an existing service.
5. Update at least one Need, Goal, Objective or Intervention.
6. Submit the Amended Plan of Care to SDS for review by setting the Plan Status to Submitted.



SDS Staff – Reviews Amended Person Centered Support Plan and Approves

- Reviews Person Centered Support Plan
- If approved, SDS passes plan to DPA, creates Authorizations and notifies Care Coordinator and SDS Program Assistant
- SDS notifies Care Coordinator of decision via a note

Amended Support Plan Rescinded

1. Consumer – Before the Amended Support Plan is Reviewed by SDS, the consumer decides to not go forward with the Amended Support Plan (*outside Harmony*).
2. Care Coordinator – Alert SDS of request to Rescinded Support Plan.
 - a. Locate the Consumer Record
 - i. Click the **Plans** tab.
 - ii. From the Plans list view, click amended Plan.
3. Print and send the *Person Centered Support Plan* Report.
 - a. Click the **Plan Information** subpage.
 - b. On the **Reports** menu, click **Person Centered Support Plan**
 - c. Print the report then Save the PDF file



[Save and Print Icons in PDF](#)

- d. Close the report page.
 - e. On the **File** menu, click **Save & Close Plan**.
4. Write in bold print “Rescinded” on the cover sheet and each page of the plan
 5. Obtain signatures for the Plan where applicable (*outside Harmony*).
 - a. The Consumer, Care Coordinator and Providers involved need to sign and date the cover page
 6. Scan the signed document to your computer
 7. Add single Plan Note and attach documents.
 - a. Locate the Consumer Record
 - i. Click the **Plans** tab.
 - ii. Select the Amended plan you need to rescind
 - iii. Click the **Plan Notes** subpage
 - iv. From the **File** menu, click **Add Note**
 1. Set Division = ‘SDS.’
 2. Set Program = the consumer’s Program.
 3. Set Note Type = ‘Plan Note.’
 4. Set Note Subtype = ‘Plan Amendment.’
 5. Enter the Description = ‘Rescinded Support Plan.’
 6. Set Status = ‘Pending’

Notes	
Division *	SDS
Note By *	Johns, Jennifer ▼
Note Date *	06/23/2017
Program	ALI Program ▼ Details
NoteType *	Plan Note ▼*
Note SubType	Plan Amendment ▼

[Add Plan Amendment Note](#)

7. Add the *Person Centered Support Plan* Report with Signatures attachment.

- a. Set Attachment Category = 'C-Plan-Person Centered Support Plan Report with Signatures.'
 - v. On the **File** menu, click **Save & Close Notes Popup**
 - vi. On the **File** menu, click **Close Plan Notes**
8. Reset the Associate/Update Provider(s) on Planned Services to Consumer.
 - a. Click the **Providers** tab.
 - b. Remove Provider Associations if the provider does not have any requested services for the new Plan.
 - i. Select the Provider that needs to be removed.
 - ii. Set Status = 'Pre-Closure.'
 - iii. Enter an End Date.
 - iv. Select a Pre-Closure Reason from drop-down
 1. Consumer Choice or Provider/Service Change
 - v. On the **File** menu, click **Save and Close Provider Association**
 - c. Reset the remaining providers to the dates of service in alignment with the current active plan.



Key Point

If consumer is in a contracted facility where the billing and rendering providers are different, add both Providers to the Providers tab to show that the consumer is associated with both.

Chapter 4 Quiz



Now that you know the basic functions for Amending a Plan, check your understanding by answering the questions below.

1. True or False? To create an Amended Plan, you duplicate the existing plan.
2. What additional fields should be completed for an Amended plan?
 - a. Reason for Amendment
 - b. Plan/Amendment Details
 - c. Amendment Type
 - d. Basis for Amendment
 - e. Requested Action for Amendment

Chapter 5 | Reporting Changes & Transfers

Transfer of Care Coordination

Introduction

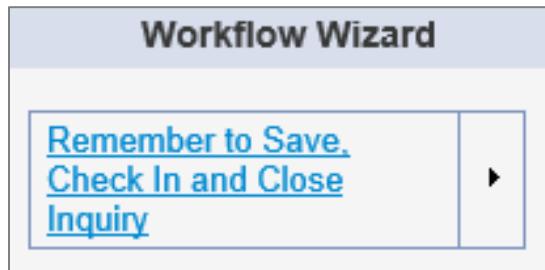
If the consumer chooses to change Care Coordinators, the new Care Coordinator must submit a Provider Inquiry with the signed Appointment of Care Coordinator and Release of Information form attached to the inquiry to gain access to the consumer record. The previous Care Coordinator needs to make sure their agency copies of records are complete, sign the Appt. of Care Coordination- transfer section and return it to the new Care Coordinator in a timely fashion.

1. Add an Inquiry for the transferring Consumer
 - a. Click the **Inquiries** chapter
 - b. On the **File** menu, click **Add Inquiry**
 - c. Set Program Queue = Program Associated to the Consumer
 - d. Add Agency Details for their Care Coordinator
 - e. Inquiry Status defaults = 'Draft'
 - f. On the **File** menu, click **Save Inquiry**

2. Add Person Seeking Supports
 - a. Click the **Participants** subpage
 - b. On the Add Participant menu, click **Person Seeking Supports Participant**
 1. Enter identifying, contact, and demographic information
 2. On the **File** menu, click **Save Person Seeking Supports**
 - c. Add Identifiers- Medicaid #
 1. Click the **Identifiers** subpage
 2. On the **File** menu, click **Add Identifier**
 3. Set Identifier Type = 'Medicaid'
 4. Enter Identifier Number = the person's Medicaid #
 5. Enter Subtype if applicable
 6. On the **File** menu, click **Save and Close Identifier**
 7. On **File** Menu click **Close Identifiers**

3. Add Note with Appointment of CC and ROI attached
 - a. Click the **Notes** subpage
 - b. On the **File** menu, click **Add Note**
 1. Set Division = 'IR'
 2. Set Note Type = 'Consumer Documentation'
 3. Leave Note Sub-type = Blank
 4. Upload Attachments
 - a. Attach signed Release of Information
 - b. Attach the signed Appointment of Care Coordinator
 - i. If the Signature is not the same as the Person Seeking supports, then Attach POA, Guardian or legal decision maker documents
 5. Set Status = 'Pending'
 6. On the **File** menu, click **Save and Close Note**

4. Submit the Inquiry
 - a. Click the **Inquiry** subpage
 - b. Set Inquiry Status = 'Pending' (transition point)
 - c. On the **File** menu, click **Save, Check-In and Close Inquiry** (transition point)
 - d. Workflow Wizard window opens
 - i. Message tickler to remind CC/PCA Admin/ADRC/STAR users to save and check in the Inquiry



Remember to Save, Check in and Close Inquiry



SDS Staff – Reviews Inquiry

- Reviews Inquiry
- Ends the association with the previous Care Coordinator
- Links the consumer to the CC Agency with the specific Assigned CC
- If approved, SDS notifies Care Coordinator of decision via a Consumer Note
- New CC will be able to see the consumers record

5. Monitor My Harmony for Consumer Access decisions from SDS
 - a. On the **My Harmony** home page, in the **Consumers** column, under the **Notes** header, click the **Complete** item to open the list in a new window
 - i. Find the note with Note Type = "Access to Consumer Record" and Note Subtype = "Approved"
 - ii. Click anywhere on the line to open the note- Once it's read the note will no longer appear on the **My Harmony** home page **Notes** panel
 - iii. On the **File** menu, click Close **Notes**

Filters

Status

Equal To

Complete

AND

×

Note Sub Type

+

Search

Reset

134 Notes record(s) returned - now viewing 1 through 15

Consumer	Note Type ▲	Note Date	Note Sub Type
Crusher, Wesley	Access to Consumer Record	11/01/2016	Approved
Jean, Billy	Access to Consumer Record	12/29/2016	Approved

Reporting Consumer Changes

A Change of Status notice to DSDS is required whenever a consumer's address or other key demographic information has changed. Including Admission and Discharge from a facility. The Care Coordinator will edit the applicable consumer demographic information and send a note to SDS to review the Change of Status. To report and admittance or discharge simply create a Consumer Note.

Update Basic Demographics, Contact Information or Additional Information

1. Locate the Consumer Record
 - a. The record automatically opens to the Demographics page
 - b. If changes need to be made - click Edit Demographics, on the Edit menu
 - c. Make Changes to Basic Demographics, Contact Information, and/or Additional Information as needed
 - d. On File menu, click **Save and Close Demographics**
 - e. **Next** – Send a 'Change of Status' Note to SDS

Edit Demographics tab

Send Change of Status Notification to SDS

1. Select **Notes** tab
2. On **File** Menu, click **Add Notes**
 - a. Set Division = 'SDS'
 - b. Set Program = Consumer's Program
 - c. **Set Note Type = 'Change of Status'**
 - d. Enter brief description of Change of Status in Description Field
 - e. Enter a long description of Change of Status in Note Field
 - f. Set Status = 'Pending'
3. On **File** menu, click **Save and Close Notes** (sends Tickler to SDS Reviewer/Program Specialist Role to Review Note Type=Change of Status)

CaseNo	Consumer Name	Tickler Name
61561	Taft, William	Review Note Type=Change of Status
61590	Harding, Warren	Review LTC Application

Tickler List

Case Closure – Active Consumers

Care Coordinator Notifies SDS of Consumer Closure

When a consumer has lost eligibility, voluntarily withdraws from the program, has died, or has a denial upheld by Fair Hearing, the case closure process must be followed.

1. Locate the Consumers Record
 - a. Click the **Notes** tab
 - b. On the **File** menu, click **Add Note**
 - i. Set Division = 'SDS'
 - ii. Set Program = Program being closed
 - iii. Set Note Type = 'Consumer Communication-External'
 - iv. Set Note Sub-Type = 'Discharge/Disenrollment'
 - v. Enter Description = A short description explaining why the need for closure
 - vi. Enter Note = Long description of who informed the Care Coordinator of the need to close, and why.
 - vii. Set Status = 'Pending'
 - c. On the **File** menu, click **Save and Close Note**



Tip

The Note Sub-Type 'Discharge/Disenrollment' can be created by both State Staff and Provider users. This note is a source of information to capture information for the basis of the closure.

Note Type *	Consumer Communication-External
Note Sub-Type	Discharge/Disenrollment
Description	
Note	being discharged due to change of level of function
Due Date	
Status *	Pending

Note Details



Practice Exercise #15

1. Using the role of Care Coordinator, create a Note Type of Consumer Communication-External and a Note Sub-Type of Discharge/Disenrollment

with a Status of Pending.



SDS Staff – Reviews Disenrollment Notice, Updates Authorizations and Completes the Closure Process

- Reviews Disenrollment Notice
- Staff Updates Authorization
- Completes Closure Process

Chapter 5 Quiz



1. What is the first step in harmony to transfer to a new Care Coordinator?
2. True or False? A Consumer Note must be created to document any change in the consumer's demographics.
3. The first step in the consumer closure process for active consumers is the creation of a _____ in Harmony.

Chapter 6 | LOC Renewal Application- Annual

Introduction

This chapter covers the steps a Care Coordinator would take to submit a renewal application for one of the NFLOC waivers: ALI, APDD or CCMC.

ALI, APDD or CCMC Renewal Application

274 days after the LOC/LOS Determination form is set to Approved the Care Coordinator will receive a tickler stating, '{ALI or APDD or CCMC} Program Reapplication and Re-Assessment Due: Start the process by setting Program Status to 'Renewal Application'



Tip

During the first year using SDS Harmony there will be no ticklers for Renewal Applications in the system. CCs need to continue to manage their client deadlines as they have prior to the System Implementation

1. Monitor My Harmony Desktop for Reminder Notification
 - a. On the **My Harmony** home page, in the **Consumers** column, under the **Ticklers** header, click the number to open the list of **Ticklers**.
 - b. Use the search filters "Tickler name" - "contains" – "Reapplication"
 - i. '{ALI, APDD or CCMC} Program Reapplication and Re-Assessment Due: Start the process by setting Program Status to 'Renewal Application''
 - c. Click the tickler to open the Consumer's Record to the Programs Tab

CaseNo	Consumer Name	Tickler Name	Date Created ▾	Date Due	Date Completed	Status
58900	Jean, Billy	APDD Program Reapplication and Re-Assessment Due: Start the process by setting Program Status to 'Renewal Application'	06/16/2017	07/05/2018		New ▶

Reapplication Tickler to Care Coordinator

During the transition year Care Coordinators will need to Search for their consumer who is due for a renewal LOC application. Open the consumer record and go to the Programs tab.

- d. From the Program list, select Program that is ready for Renewal
 - i. Set Status = 'Renewal Application'
 - ii. On the **File** menu, click **Save -DO NOT CLOSE**
- e. A Workflow Wizard window opens



Key Point

Saving a program with a status of Renewal Application fires a workflow wizard to walk the Care Coordinator through submitting the renewal application elements. You may close the WFW and use the alternate method for submitting the application.

2. Click the 1st item in the WFW list 'Duplicate, Update and Complete Consumer Application for ALI/APDD (CCMC Re-Application) form'

Workflow Wizard

Filters: Division [v] +

Search [] Reset []

4 Forms record(s) returned - now viewing 1 through 4

ID	Program	Date	Form	Cycle	Status	Worker
11263	APDD Program	06/16/2017	LOC/LOS Determination	Initial	Complete	Johns, Jennifer
10635	DD Eligibility	12/29/2016	DD Registration and Review Form	Initial	Complete	Johns, Jennifer
10637	Starship Enterprises	12/29/2016	PASRR Level I - State	Initial	Draft	Knight, Chrissy
11243	APDD Program	12/29/2016	Annual Application for ALI/APDD (CCMC Re-Application)	Initial	Pending	Johns, Jennifer

<< First < Previous Retrieve 15 Records at a time Next > Last >>

Reapplication Workflow Wizard, Select Prior Year's Application

- a. Select most recent 'Annual Application for ALI/APDD (CCMC Re-application)' from list
- b. On the **File** menu, click **Duplicate Assessment**
(assessment means form to Harmony)

File

History
Duplicate Assessment
Spell Check
Save Forms
Save and Close Forms
Print
Close Forms
Effective Date

Duplicate Assessment [v]

Form ID: 11243
Date: 12/29/2016
Division: SDS
Final Decision By: []
Note: []

Annual Application for ALI/APDD (CCMC Re-Applications Only)

The ALI/APDD/CCMC Waiver Re-application is required annually per 7 AAC 130.213

Duplicate Prior Year's Application Form

- i. Set Cycle = 'Renewal'
- ii. Set Program = Consumer's Program
- iii. Update Annual Application for ALI/APDD (CCMC Re-Application) form
 1. Update Health Summary Statements
 2. Verify the Medical Professionals
 - a. Search Existing Professionals to add new ones to the Application
 3. Remove any Medications no longer taken by clicking on them and selecting '**Remove**'
 4. Search for new Medications (Must have been added to the Medications Tab already)

Medications

Add New Medication Search

5. Update Adaptive Medical Equipment currently in use
6. Update Environment Modifications (EMODs)
- iv. From **File** menu, select **Save Form**
- v. From **Reports** menu, select **Consumer Assessment**
 1. This will allow you to print the application, for signatures
 2. Once you have printed or saved to your computer you will need to "X" out of the screen
- vi. Set Status on the form= 'Pending'
- vii. From the **File** menu, click **Close Forms**
- viii. From the workflow wizard fly-out menu, click **Complete**

File Reports

Consumer Assessment
Long Term Care Authorization Report
PASRR Level 1

3. Since you do not have the Application signed yet you should NOT Click the tickler 'Add Notes and Attachments'
 - a. When you close the WFW the task will be added to your *ticklers* list on your **My Harmony** home page
 - b. Once you have the signatures and all your supporting documentation you will complete this step
4. Click WFW tickler 'Verify and Update Consumer Information and Addresses'
 - a. If updates need to be made, on the **Edit** menu, click **Edit Demographics**
 - b. Verify and Update the following basic demographics fields
 - i. Last Name
 - ii. First Name
 - iii. Date of Birth
 - iv. Gender
 - v. Marital Status
 - vi. Medicaid ID
 - vii. Home Phone
 - viii. Work Phone
 - ix. Mobile Phone
 - x. Preferred Email
 - xi. Language
 - xii. Height (IMPORTANT to update)
 - xiii. Weight (IMPORTANT to update)
 - xiv. On the **File** menu, click **Save Demographics**

Additional Information	
Veteran Status	<input type="text" value=""/>
Interpreter Needed	<input type="checkbox"/>
Language	<input type="text" value="English"/>
Native Corporation	<input type="text" value=""/>
Place of Birth	<input type="text" value=""/>
Height	<input type="text" value=""/>
Primary Alaskan Tribe	<input type="text" value=""/>
Other Tribe or Native Corporation	<input type="text" value=""/>
Weight	<input type="text" value=""/>
Home Village	<input type="text" value=""/>
Alaska Resident	<input type="text" value=""/>
Citizenship Status	<input type="text" value=""/>

Update Consumer's Data including Height and Weight

5. Click the **Addresses** subpage
 - a. Review listed addresses to ensure an address with Address Type:
 - i. 'Residence Address' exists and is current
 - ii. 'Mailing Address' exists and is current
 - b. If addresses with those types are not displayed, add address records
 - i. On the **File** menu, click **Add Address**
 1. Enter address fields
 2. Mark Mailing Address as Primary
 3. On the **File** menu, click **Save and Close Address**
 - c. **NOTE:** Existing addresses should not be changed
 - i. Open the address record by clicking on it

1. Change the **Address Category** to **Previous**
 2. Enter an End date (Approximate is fine)
 3. On the **File** menu, click **Save and Close Address**
6. Verify and Update Identifiers
- a. Click the **Identifiers** subpage
 - b. Review the Identifier number records in the list
 - i. If updates need to be made, click to open the Identifier record
 - ii. Update Identifier Value
 - iii. On the **File** menu, click **Save and Close**
 - c. Add new Identifiers if needed
 - i. On the **File** menu, click **Add Identifier**
 - ii. Enter identifier fields
 - iii. On the **File** menu, click **Save and Close**
 - iv. On the **File** Menu, click **Close Identifiers**
 - d. On the **File** menu, click **Save and Close Demographics**
 - e. On the **File** menu, click **Close Demographics**
7. Obtain Consumer/Guardian signature on the printed Application form (*outside Harmony*)
8. Remember to get a new [UNI- 07 Recipient Rights and Responsibilities signed](#)

Add the Application Documents as a Consumer Note

Once you have obtained the signatures on the Application form and Recipient Rights & Responsibilities, and collected all of the supporting documentation for the application you are ready to add the final Consumer notes. Make sure all of your documents are scanned and saved into secure files on your computer.

1. On the **My Harmony** home page, in the **Consumers** column, under the **Ticklers** header, find the tickler for your consumer named 'Add Notes and Attachments'

CaseNo	Consumer Name	Tickler Name
61965	Cacy, Robert	Add Notes and Attachments

- a. When you select it the WFW will re-appear and take you directly to the Notes detail page

Workflow Wizard
Add Notes and Attachments

Note Details
Division * SDS
Note By * Fisher, Cina
Note Date * 11/24/2017
Program APDD Program Details
Note Type * Consumer Documentation
Note Sub-Type
Description signed Application . Medical Docs, RRR Attached

OR

2. Locate the consumer record through your **My Harmony** home page
 - a. **My Consumer Programs**
 - i. Pre-Submission (shows a list of consumers in the application process)
 - b. Open the Consumer record
 - c. Click on the **Notes** Tab



d. On the **File** menu, select **Add Notes**

1. Set Division = 'SDS'
2. Set Program = 'Waiver Program'
3. Note Type = 'Consumer Documentation'
4. Note Sub-Type = Set by waiver Type
5. ALI, APDD or CCMC = 'Blank'
6. IDD = 'IDD Waiver Program Application'
7. Enter a short description; List attachments
8. Enter Note = long description if you have more information for the Assessor or reviewer
9. Add Attachments
 - i. Browse to the location for each document on your computer
 1. ALI/APDD/CCMC- Be sure to Name & Categorize each attachment
 - a. C-Annual Application for ALI/APDD- SIGNED
 - b. C-Verification of Diagnosis (VOD) or Qualifying Diagnosis Certification (QDC)
 - c. C-Release of Information for the Primary Medical Provider
 - d. C-Recipient Rights & Responsibilities
 - e. C-Medical Information Documentation
 - f. C-Legal Representative Documents (if applicable)

(if there are more than 5 attachments, create an additional note)

3. Click on the **Programs** tab, from the list click the consumer's program record to open

- a. Set Status = 'Renewal Application Submitted'

Program	Program Summary	
Program Workers	Division *	SDS
Events	Program *	APDD Program Details
Track Status	Status *	Renewal Application Submitted ▼
	Status Date *	06/16/2017
	Status Type *	Initial
	Start Date *	06/20/2018 
	Expected Discharge Date	
	Expedited Reason	

Set Program Status equal to Renewal Application Submitted

- b. On the **File** menu, click **Save and Close Program** (*transition point*)

**Key Point**

Saving a program with a Status of Renewal Application Submitted generates a tickler notifying SDS that a renewal application is ready for review.

SDS Staff – Reviews NFLOC Renewal Application, Schedules Assessment and Makes Level of Care Decision



- SDS Staff Reviews NFLOC Renewal Application
- If application is complete, SDS staff passes application on for assessment scheduling
- If application is incomplete, SDS will send an Incomplete Courtesy Notice to Care Coordinator via a note. Refer to Chapter- Incomplete Application
- Care Coordinator will be notified to start working on the Person Centered Support Plan via a tickler if application is approved



Practice Exercise #11

1. Log in as Care Coordinator and retrieve a NFLOC renewal application reminder tickler.
2. Begin the renewal application process:
 - a. Duplicate previous application form
 - b. Update consumer's demographic information
 - c. Submit renewal application

IDD Renewal Application

For active consumers receiving services through the IDD Waiver Program, renewal requirements vary by cycle: Interim or ICAP. In an **Interim** renewal cycle year, only a renewal application is required. In Harmony, the Care Coordinator will receive a message tickler 244 days after the level of care approval, notifying them that a renewal application is due in 30 days for an interim cycle year. In an **ICAP** renewal cycle year, the consumer must be reassessed and the required application attachments also differ.

IDD Waiver Renewal – Interim or ICAP

1. Care Coordinator Monitors Consumer Notes from the **My Harmony** desktop
 - a. On the **My Harmony** home page, in the **Consumers** column, under the **Ticklers** header, click the Ticklers item to open the list in a new window
 - b. Find the Tickler named IDD – Reapplication Due for IDD Waiver Program

During the transition year Care Coordinators will need to Search for their consumer who is due for a renewal LOC application. Open the consumer record and go to the Programs tab.

- i. Click the **Programs** tab and from the list, click the IDD Waiver Program record to open
- ii. Take note of the value in the **Assessment Cycle** field to determine if this is an ICAP or Interim year
- iii. Set Status = 'Renewal Application'

Program	Program Summary	
Program Workers	Division *	SDS
Events	Program *	IDD Waiver Program Details
Track Status	Status *	Renewal Application ▼
	Status Date *	07/18/2017
	Status Type *	Re-Assessment
	Start Date *	07/12/2017
	Expected Discharge Date	
	Expedited Reason	
	Assessment Cycle	Interim

Check the Assessment Cycle to determine if this is an ICAP year or an Interim year.

Workflow Wizard	
IDD/TEFRA Application Attachments Checklist	▶
Add Legal Representative: Guardian and/or Power of Attorney	▶
Add or Verify Consumer Information and Addresses	▶

Key Point

Setting the Program Status to **Renewal Application** activates a Workflow Wizard to help the Care Coordinator to complete the application process.

-You may close the WFW and Continue with the guidance in this chapter if you choose.

iv. On the **File** menu, click **Save Program**

- After you have Status = 'Renewal Application' and saved the Consumers Programs tab, you may close the Work Flow Wizard that opens and continue in the Consumer Record to complete the Demographics, Medications, Case relations and Professional Relations Tab.

Update the Consumer Record

- Demographics Tab- If updates need to be made, on the **Edit** menu, click **Edit Demographics**

File Edit Reports Ticklers View Inquiries			
Edit Demographics			
Killeen, Laura (61647)			
Diagnosis	Medications	Case Relations	Professional Relations
DD Registry			
Demographics	Programs	Notes	Forms
	Plans	Providers	Auths
	Appointments		
Demographics			
Case No	61647	Residence Type	
Last Name	Killeen	Total in Home	
First Name	Laura	SSN	
Middle Initial		Medicaid ID	
Preferred Name		DS3 ID	0000062565
Date of Birth	10/4/1963	Primary Language	English
Age	54.2	Birth Place	
Date of Death		Primary Alaskan Tribe	
Gender	Female	Home Village	
Race		Alaska Resident	
Ethnicity		Citizenship Status	
Marital Status	Single/Never Married		
Contact Information			
Address Type		Descriptive Address	
Street	99 Louisiana Lane	Home Phone	(270) 576-2709
City	OSCEOLA	Work Phone	
State	MO	Mobile Phone	

[Add or Verify Consumer Information and Addresses](#)

- Verify and Update the following basic demographics fields

1. Last Name
2. First Name
3. Date of Birth
4. Gender
5. Marital Status
6. Medicaid ID
7. Home Phone
8. Work Phone
9. Mobile Phone
10. Preferred Email
11. Language
12. Height
13. Weight

ii. On the File menu, click **Save Demographics**

b. Click the **Addresses** subpage

harmony INFORMATION SYSTEMS, INC.

Billy Jean 6/13/2017 12:20 PM | **Addresses**

File

Demographics

Addresses

Names

Phone Numbers

Identifiers

Filters

Search Reset

1 Addresses record(s) returned - now viewing 1 through 1

Address Type	Street	City	State	Zip code	Active	Primary
	123 Beatit DR	Anchorage	AK	99502	Yes	Yes

<< First < Previous Retrieve 15 Records at a time Next > Last >>

ix. Review listed addresses to ensure an address with Address Type:

- a. 'Residence Address' exists and is current
- b. 'Mailing Address' exists and is current

x. If addresses with those types are not displayed, add address records

1. On the **File** menu, click **Add Address**
 - a. Enter address fields
 - b. Mark Mailing Address as Primary
 - c. On the **File** menu, click **Save and Close Address**

xi. **NOTE:** Existing addresses should not be changed

1. Open the address record by clicking on it
2. Change the **Address Category** to **Previous**
3. Enter an End date (Approximate is fine)

xii. On the **File** menu, click **Save and Close Address**

c. Click the **Identifiers** subpage

Demographics

Addresses

Names

Phone Numbers

Identifiers

Filters

Search Reset

1 Addresses record(s) returned - now viewing 1 through 1

Address Type	Street	City
	5069 Hogworth Castle Drive	Anchorage

<< First < Previous Retrieve 15 Records at a time Next >

i. Review the Identifier numbers listed

j. If updates need to be made, click to open the Identifier record

- i. Update Identifier Value or add missing information

ii. On the **File** menu, click **Save and Close**

1. Add Identifiers (if needed)
2. Click the **Identifiers** subpage.

File

Add Identifier

Print

Close Identifiers

Addresses

Phones

Emails

Identifiers

3. On the **File** menu, click **Add Identifier**.
4. Set Identifier Type = 'Medicaid.'
5. Enter the Identifier Number, =the person's Medicaid #.
6. Refer to the Denali Care card to set the Start Date.
7. DO NOT Set an End Date.
8. Enter the Medicaid Eligibility Code in the **Comments** field.
 - a. Individuals applying for Medicaid benefits for the 1st time, that need a HCB waiver determination must at least have a Medicaid case created to issue a WD 19 screening coupon – this is done after their DPA Interview. -the Recipient ID at the top of the screening coupon is their Medicaid #
 - b. For ALI and APDD if the applicant has ongoing Medicaid with different code (anything other than 11, 20, 24, 50, 51, 52, 54, and 69), then they will also need to contact DPA for a Medicaid Screening Coupon authorizing a code 19 or code 25 for the month the completed application is submitted to SDS.
- iii. Select the **Display** check box.
- iv. Select the **Primary** check box.
- v. On the **File** menu, click **Save and Close Identifier**.
- vi. Then on the **File** menu again – **Close Identifiers**.
- k. On the **File** menu, click **Close Demographics**

2. Review Diagnosis.

- a. Click the **Diagnosis** tab.
- b. Review for accuracy.

Potter, James (58733)

Diagnosis Medications Case Relations Professional Relations DD Registry

Demographics Programs Notes Forms Plans Providers Auths Appointments

Filters
QHP +
Search Reset

1 Diagnosis record(s) returned - now viewing 1 through 1

Review	Review Date	Diagnosis Code	Diagnosis Code Description	QHP
Initial	06/21/2017	G80.1	Spastic diplegic cerebral palsy	

<< First < Previous Retrieve 15 Records at a time Next > Last >>

Diagnosis List view

- c. If a Diagnosis is incorrect or one needs to be added, add a Consumer Note to notify SDS.
 - i. Click the **Notes** tab.
 - ii. On the **File** menu, click **Add Notes**.
 1. Set Division = 'SDS.'
 2. Set Program = the program for this consumer's plan.
 3. Set Note Type = 'Case Note-External.'
 4. Set Note Sub-Type = 'Other Case Activity.'
 5. Enter a Short Description "New Diagnosis needs to be Added"
 6. Enter **Notes** with additional details.
 7. Set Status = 'Pending'
 8. Attach supporting documentation.
 9. On the **File** menu, click **Save and Close Notes**.

Killeen, Laura (61647)								
Diagnosis	Medications	Case Relations	Professional Relations	DD Registry				
Demographics	Programs	Notes	Forms	Plans	Providers	Auths	Appointments	

3. Click the **Medications** tab.

- a. Review list of Medications.
 - i. If updates need to be made, click on the medication row.
 1. Update the required fields.
 2. On the **File** menu, click **Save and Close Medication**.
 - ii. Add new Medication records if needed.
 1. On the **File** menu, click **Add Medication**.
 2. Enter the medication information.
 - a. Add the Division 'SDS'
 - b. Choose the medication from the list
 - i. Select 'Other' if it's not listed
 - ii. Then enter the name of the Other Medication
 - c. Dosage
 - d. Frequency
 - e. Route of Administration
 - f. Estimated Start Date (Leave End Date Blank)
 - g. Prescribed by Who?
 - h. Comments= Why is this medication being prescribed?
 - i. Status defaults to 'Current'

Division	SDS ▼
Medication *	Lisinopril ▼
Dosage *	25 mg
Frequency *	QDay ▼
Route of Administration *	Oral ▼
Estimated Start Date *	06/12/2015
Estimated End Date	
Prescribed By	
Comments	
Status *	Current ▼

Medication Data Entry

- b. On the **File** menu, chose either
 - i. **Save and Add Another Medication**
 - ii. **Save and Close Medication**.
- c. *Optional:* On the **File** menu, choose Print to have a list of Medications for your Consumer Applicant to review

4. Click the **Case Relations** tab.

- a. Review the list of Case Relations to ensure the consumer has:
 - i. Emergency Contact – Primary
 - ii. Legal Representative (if applicable)

**Tip**

Emergency Contact – Primary and Legal Representative Case Relationship types must be present in the consumer's record for the information to be pulled onto the Person Centered Support Plan report. If they are the same person create two Case Relation Records.

- iii. If updates need to be made, click on Case Relations row to open the record.
 1. Update the fields.
 2. On the **File** menu, click **Save and Close Case Relations**.
- iv. Add new Case Relations if needed.
 1. On the **File** menu, click **Add New Case Relations Search**.
 2. Search using a Last Name, First Name combination and then click **Search**.
 - a. If no match is found, click **Add New**.
 - b. If a match is found, select it from list view and update the information.
 3. Enter the Case Relation information.
 - a. Ensure the following fields are populated:
 - i. Primary Case Relationship, select all that apply
 - ii. Last Name
 - iii. First Name
 - iv. Street, City, State, Zip
 - v. Home Phone
 - vi. Work Phone
 - vii. Cell Phone
 - viii. Preferred Email
 4. On the **File** menu, click **Save and Close Case Relations**.

**Tip**

Add all Medical Professionals in the Professional Relations tab.

All Medical Professionals have "DX-" prior to their last name. If a specific medical contact is not located, add an additional Plan Note for the reviewer.

5. Click the **Professional Relations** Tab;
 - a. Review all the Medical Professionals the Consumer consults with.
 - b. Add any new Medical Professions
 - c. On the **File** menu, click **Add New Professional Relations Search**.
 - i. Search using a Last Name (*all Medical Professional's last name start with "DX-"*)
 1. Remove blank search criteria by clicking the red **X**

Filters

Last Name ▼	Begins With ▼	DX-Who X	AND ▼	X
First Name ▼	Begins With ▼	Thomas	OR ▼	X
Agency ▼	Begins With ▼		OR ▼	X
Last Name ▼	+			

Search Reset

ii. Click **Search**.

1. If a match is found, select it from list view and identify the specific relationship.
 - a. Ensure the following fields are populated:
 - i. Primary Relationship
 - ii. Start Date
 - iii. Medical: Reason for Visit (*this will show on the Person Centered Support Plan Report*)
 - iv. Medical: Frequency (*this will show on the Person Centered Support Plan Report*)
2. If no match is found,
 - a. On the **File** menu **Close Professional Relations Search**
 - b. Click the **Notes** tab.
 - i. On the **File** menu, click **Add Notes**.
 1. Set Division = 'SDS.'
 2. Set Program = the program for this consumer's plan.
 3. Set Note Type = 'Case Note-External.'
 4. Set Note Sub-Type = 'Other Case Activity.'
 5. Description = "New Medical Provider needs to be Added"
 6. Note = Enter the Complete Clinic Address, Phone and Fax #'s
 7. Set Status = 'Pending'
 8. Attach supporting documentation. (Medical Notes)
 9. On the **File** menu, click **Save and Close Notes**.
- d. Repeat this step for all Medical Professionals who prescribe Medications or Services to the person
- e. Add the Back-up Care Coordinator
 - i. Search on their Last & First name, remember to delete the Agency search line
 - ii. Select **Primary Relationship** 'Other Professional' from the dropdown menu
 - iii. Other **Relationship** is 'Care Coordinator'
 - iv. Enter "Back-up Care Coordinator" in the **Comments**
- f. On the **File** menu, click **Save and Close Professional Relations** when done.

Add the Application Documents as a Consumer Note

Once you have obtained the signatures on the ICAP Info & Consent form or completed the Interim LOC Form and Recipient Rights & Responsibilities, and collected all of the supporting documentation for the LOC re-determination you are ready to add the final Consumer notes. Make sure all of your documents are scanned and saved into secure files on your computer.

On the **File** menu, click **Add Notes**

- a. Set Division = 'SDS'
- b. Set Program = 'IDD Waiver Program'
- c. Note Type = 'Consumer Documentation'
- d. Note Sub-Type = 'IDD Waiver Program Application'
- e. Description = List the attachments
- f. Enter Note = Anything else you want the SDS Reviewer to know
- g. Set Status = 'Pending'
- h. Add Attachments in one complete upload if you choose
 - a. Upload all required documents to the Note, based on the IDD Attachment Checklist
 - i. ICAP Info & Consent form & ROIs **OR**
 - ii. Interim ICF/IID Level of Care Info Form
 - iii. Current Recipient Rights
 - iv. Current QDC
 - v. ONLY if Updated or new in the last 12 months
 1. New Diagnostic Evaluations
 2. New Guardianship papers

Note Details	
Division *	SDS ▼
Note By *	Johns, Jennifer
Note Date *	07/12/2017
Program	IDD Waiver Program ▼ Details
Note Type *	Consumer Documentation ▼
Note Sub-Type	IDD Waiver Program Application ▼
Description	
Note	
Due Date	
Status *	Pending ▼
Date Completed	
Attachments	
Add Attachment	
Document	

Note Details

- a. On the **File** menu, click **Save and Close Notes**

SDS Staff – Reviews IDD Renewal Cycle Application, Schedules ICAP Assessment if necessary and makes Level of Care Decision



- SDS Staff Reviews IDD Renewal Cycle Application
- If application is complete, SDS staff passes application on for assessment scheduling
- If application is incomplete, SDS will send an Incomplete Courtesy Notice to Care Coordinator via a note. Skip to Chapter 5 | Incomplete Application
- Care Coordinator will be notified to start working on the Person Centered Support Plan via a tickler if approved or a note if denied



Practice Exercise #12

1. Sign in as a Care Coordinator, set Program Status on your test IDD consumer to **Renewal Application** and complete application components
2. Submit the application to SDS for review.



Chapter 7 Quiz

Now that you know the basic functions for IDD Waiver renewal application, check your understanding by answering the questions below.

1. Where would a Care Coordinator look to know what Assessment cycle to apply for?
2. True or False? During an ICAP cycle year, the consumer receives an ICAP Assessment.

Chapter 6 Quiz



Now that you know the basic functions for LOC Renewal applications, check your understanding by answering the questions below.

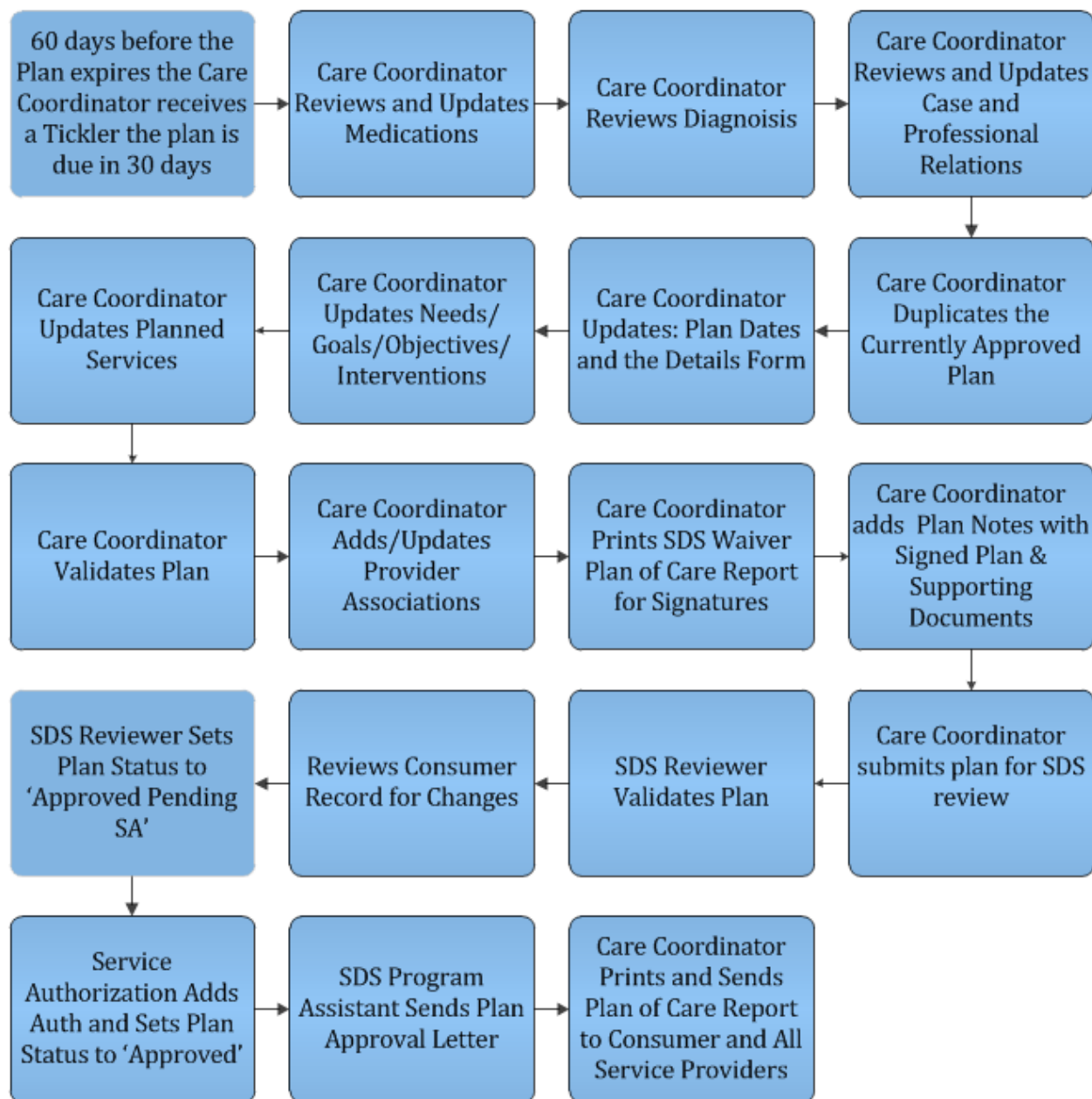
1. Which Program Status fires a workflow wizard to walk the Care Coordinator through submitting the renewal application elements?
2. Which Program Status creates a tickler to notify SDS that a renewal application is ready for review?
3. Which 2 consumer demographic data points must be updated every year, appears on the Person Centered Support Plan and needs to be updated by the Care Coordinator before submitting the Renewal Application?

Chapter 7 | Renewal Person Centered Support Plan

Introduction

After a consumer's renewal assessment appointment, the Care Coordinator will monitor My Harmony for a tickler notifying them of approval of the renewal level of care. The Care Coordinator will review consumer demographics and update as needed. Then the Care Coordinator will create the renewal plan of care by copying the previous plan, updating plan information, validating the plan and submitting the plan to for SDS to review.

Workflow Diagram



Renewal Plan of Care Diagram

Renewal Person Centered Support Plan Creation and Submission

1. Monitor for Plan Renewal tickler.
 - a. On **My Harmony**, in the **Consumer** column, display ticklers.
 - b. Find the tickler named 'Renewal Support Plan due in 30 days.' **Not in Transition year**
 - c. Click **View Consumers Record**.

CaseNo	Consumer Name	Tickler Name	Date Created	Date Due ▼	Date Completed	Status	
21621	Potter, Alvin	Renewal Plan of Care due in 30 days	01/25/2017	12/31/2018		New	▶
58713	Potter, Lilly	Renewal Plan of Care due in 30 days	04/19/2017	03/31/2018		New	▶
58791	Johns, Daniel	Renewal Plan of Care due in 30 days	03/06/2017	03/01/2018			▶
21621	Potter, Alvin	Renewal Plan of Care due in 30 days	01/25/2017	12/01/2017			▶
44506	Bobbitt, Ashley	Renewal Plan of Care due in 30 days	02/08/2017	11/06/2017			▶
50707	Johns, Audrey	Renewal Plan of Care due in 30 days	02/13/2017	11/06/2017			▶

Cancel
Reassign
View Consumers Record

Renewal Support Plan Due Tickler

2. Review consumer record and make updates as needed.
 - a. Review and update Demographics.
 - i. From the **Edit** menu, click **Edit Demographics**.
 1. Verify and update the following basic demographics fields:
 - a. Marital Status
 - b. Home Phone
 - c. Work Phone
 - d. Mobile Phone
 - e. Preferred Email
 - f. Height
 - g. Weight
 2. On the **File** menu, click **Save Demographics**.

Contact Information	
Home Phone	(989)898-9888
Home Phone 2	
GPS Location of Address	
Work Phone	
Extension	
Mobile Phone	
Message Phone	
Preferred Email	lilly@pottermore.com
Residence County	Municipality of Anchorage
Additional Information	
Veteran Status	Non-Veteran ▼
Interpreter Needed	<input type="checkbox"/>
Language	English ▼
Native Corporation	Doyon, Ltd. ▼
Place of Birth	New Doyon
Height	
Primary Alaskan Tribe	
Other Tribe or Native Corporation	
Weight	
Home Village	Ambler ▼

Update Consumer Demographic fields

3. Verify and update addresses.
 - a. Click the **Addresses** subpage.

- i. Review addresses to ensure an address with an Address Type of 'Residence Address' is present.
 - ii. Review addresses to ensure an address with the Address Type of 'Mailing Address' is present and primary.
4. Verify and update Identifiers.
 - a. Click the **Identifiers** subpage.
 - b. Review the listed Identifier numbers.
 - c. If updates need to be made, click on the Identifier to open it.
 - i. Update the Identifier Value field
 - ii. On the **File** menu, click **Save and Close**.
 - d. If a new Identifier needs to be added
 - i. On the **File** menu, click **Add Identifier**.
 - ii. Enter the Identifier information.
 - iii. On the **File** menu, click **Save and Close**
- b. Review Diagnosis.
 - i. Click the **Diagnosis** tab.
 1. Select the most recent Diagnosis record from list.
 2. Review the record for accuracy.
 3. If the Diagnosis is incorrect or needs to be updated, notify SDS via a consumer note.
 - a. Click **Notes** tab.
 - b. On the **File** menu, click **Add Note**.
 - i. Set Division = 'SDS.'
 - ii. Set the Program = the consumer's program.
 - iii. Set the Note Type = 'Case Note-External.'
 - iv. Set the Note Sub-Type = 'Other Case Activity.'
 - v. Add a description of "Updated Diagnosis
 - vi. Add additional details in the Notes field.
 - vii. Set Status = 'Pending'
 - viii. Attach supporting documentation.
 - ix. On the **File** menu, click **Save and Close Notes**.

Note Details	
Division *	SDS ▾
Note By *	Johns, Jennifer ▾
External Note By	
Note Date *	06/27/2017
Program	APDD Program ▾ Details
Note Type *	Case Note-External ▾*
Note Sub-Type	Other Case Activity ▾
Description	Updated Diagnosis
Attached you'll find the updated diagnosis for Lily Potter. I request that you please update the Diagnosis tab in the consumer's record.	

Note requesting SDS update Diagnosis tab

- c. Review and Update Medications.
 - i. Click the **Medications** tab on the consumer record.
 - ii. Review the list of medications.
 1. If updates need to be made, click on the medication's row.
 - a. Update the required fields.
 - b. On the **File** menu, click **Save and Close Medication**.

2. If a new medication needs to be added (*optional*)
 - a. On the **File** menu, click **Add Medication**.
 - b. Enter the medication information.
 - c. On the **File** menu, click **Save and Close Medication**.
3. If an old medication is no longer being used
 - a. Enter an End Date
 - b. Set Status = 'Discontinued'

Division	SDS ▼
Medication *	Celebrex ▼
Dosage	150mg
Frequency	QDay ▼
Route of Administration	Oral ▼
Start Date *	07/17/2016
End Date	07/12/2017
Prescribed By	
Comments	
Status *	Discontinued ▼

Removing a medication

- d. Review and Update Case Relations.
 - i. Click the **Case Relations** tab.
 - ii. Review the list of Case Relations to ensure the consumer has medical, legal representative and Emergency Contact – Primary case relations identified as the **Primary Case Relationship** field



Tip

Emergency Contact – Primary and Legal Representative Case Relationship types must be present in the consumer's record for the information to be pulled onto the Person Centered Support Plan report.

Add all Medical Professionals in the Professional relations tab.

All Medical Professionals have "DX-" prior to their last name. If a specific medical contact is not located, add an additional Plan Note for the reviewer.

- i. If updates need to be made, click on the Case Relations row to open it.
 1. Update the fields.
 2. On the **File** menu, click **Save and Close Case Relations**.
- ii. If a new Case Relation needs to be added (*optional*)
 1. On the **File** menu, click **Add New Case Relations Search**.
 2. Search using Last Name, First Name combination and then click **Search**.
 3. If no matches are found, click **Add New**.
 4. Enter the Case Relation information.
 - a. Ensure the following fields are populated:
 - i. Primary Case Relationship
 - ii. Last Name
 - iii. First Name
 - iv. Street, City, State, Zip
 - v. Home Phone

- vi. Work Phone
 - vii. Cell Phone
 - viii. Preferred Email
 - ix. Reason for visit
 - x. Frequency
5. On the **File** menu, click **Save and Close Case Relations**
- iii. If an old Case Relation need to be removed (optional)
 - iv. Click on the Case Relations row to open
 1. Set Active = unchecked
 2. Add text to comments box regarding the reason the case relation was deactivated.
 3. On the **File** menu, click **Save and Close Case Relations**
- e. Review and Update Medical Professionals in the Professional Relations tab.
 - i. Add new Professional Relations if needed.
 1. On the **File** menu, click **Add New Professional Relations Search**.
 2. Search using a Last Name (*all Medical Professional's last name start with "DX-"*)
 - a. Remove blank search criteria by clicking the red x
 3. Click **Search**.
 - a. If no match is found, Send a note to SDS
 - b. If a match is found, select it from list view and identify the specific relationship.
 4. Ensure the following fields are populated:
 - a. Primary Relationship
 - b. Start Date
 - c. Medical: Reason for Visit (*this will show on the Person Centered Support Plan Report*)
 - d. Medical: Frequency (*this will show on the Person Centered Support Plan Report*)
 5. Add the Back-up Care Coordinator
 - a. Search on their Last & First name, remember to delete the Agency search line
 - b. Select **Primary Relationship** 'Other Professional' from the dropdown menu
 - c. Other **Relationship** is 'Care Coordinator'
 - d. Enter "Back-up Care Coordinator" in the **Comments**
 6. On the **File** menu, click **Save and Close Professional Relations** when done.
 3. Duplicate the previous Plan.
 - a. Click the **Plans** tab in the consumer record.
 - b. From the list view, click the active Plan that is up for renewal.
 - i. This could be an Approved Amended plan.

Potter, Lilly Jane (58713)

Diagnosis Medications Case Relations Professional Relations DD Registry

Demographics Programs Notes Forms **Plans** Providers Auths Appointments

Filters

Program +

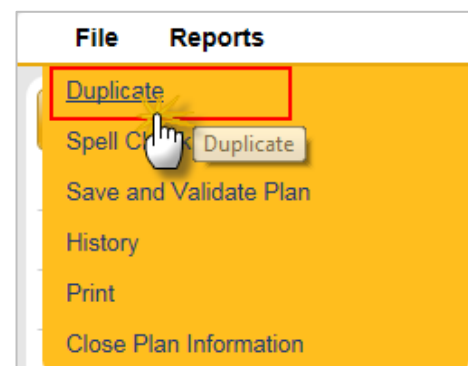
Search Reset

15 Plans record(s) returned - now viewing 1 through 15

	Program	Plan Type	Status	Submitted Date	Approved Date	Start Date	End Date
	APDD Program	Amended	Approved	04/19/2017	04/19/2017	04/01/2017	03/31/2018
	APDD Program	Initial	Approved	02/21/2017		04/01/2016	03/31/2017
	ALI Program	Initial	Draft	01/10/2017		02/01/2016	01/31/2017

Click Plan from list view

- c. On the **File** menu, click **Duplicate**.
- d. Update Plan Details.



- i. Set Plan Type = 'Renewal.'
- ii. Update Plan Start and End Dates.
- iii. On the **File** menu, click **Save Plan**.

Plan Details	
Division *	SDS
Program	APDD Program Details
Plan Type	Renewal
Status	Draft
Submitted Date *	06/27/2017
Approved Date	
Start Date	07/01/2017
End Date	06/30/2018

Update Plan Information

- e. Update Plan Forms.
 - i. Select the **Plan Forms** subpage.
 - ii. Click the most recent 'SDS Waiver Support Plan Details' form from the list view.

Plan Information	Filters			
Plan Forms Needs-Goals Planned Services Plan Notes	Form + Search Reset			
3 Plan Forms record(s) returned - now viewing 1 through 3				
Form	Cycle	Start Date	Worker	Status
SDS Waiver Plan of Care Details	Initial	02/21/2017	Chambliss, Pam	Complete
Person Centered POC Questionnaire	Initial	02/21/2017	Chambliss, Pam	Complete
Request for Monthly In-person Visit Exception	Initial	02/21/2017	Chambliss, Pam	Complete

Click on previous years SDS Wavier Support Plan Details form

1. On the **File** menu, click **Duplicate Plan Review**.

File
Duplicate Plan Review

Duplicate Plan Form

- a. Set Cycle = 'Renewal.'
- b. Update the form where new information applies.
 - i. Update the Section II Health Summary field with the new health information.

Section II : Diagnosis and Medical	
Please review and verify information in Diagnosis Tab of the Consumer Chapter	
Health Synopsis	
Summarize the health history over the past 12 months. Ensure the health synopsis contains current information/narrative related to person's health condition and needs.	
Current Information examples: Doctor's appointments, expected or unexpected health events, critical incidents, and/or improvements in health from the past year, emergency room visits, hospitalizations, surgeries and treatments.	
If applicable Include description of scheduled or anticipated surgeries and/or treatments. Include information on scheduled health appointments and procedures from last year.	
Provide information about health even if there was no significant change in health. Quote the recipient's own concerns and viewpoints on his/her health if applicable.	
Summary:	All of The information entered on this form will populate the SDS Waiver Plan of Care Report. This is one of the primary areas where the consumer's story will be told to justify the Services requested on the Plan.

Update the entire form, especially Section II



Key Point

The information entered on the *Person Centered Support Plan Details* form populates the *Person Centered Support Plan Report*. Only Medical Providers selected will print and only medications that are entered through the application will print.

- c. Set Status = 'Pending'
 - d. On the **File** menu, click **Save and Close Plan Forms**.
 - iii. Select most recent *Person Centered Questionnaire* form.
 1. On the **File** menu, click **Duplicate Plan Review**.
 - a. On the **File** menu, click **Add Plan Form**.
 - b. Select a Type of '*Person Centered Questionnaire*.'
 - c. Set the Cycle = 'Initial.'
 - d. Set the Start Date = match the Plan start date
 - e. Set the Program = the program for this consumer's plan.
 - f. Complete the form. Based on the Consumers answers given on SDS Form [Uni-15 Person Centered POC Questionnaire](#)
 - i. Type in the Care Coordinator Name
 - ii. Select answers for questions based on the consumers responses.
 - g. Set Status = 'Pending'
 - f. Update Personal Need /Goal and Add/Update Service-Related Needs/Goals/Objectives and Interventions.
 - i. On the **Needs-Goals** subpage, select **Need(s)**.
 1. Update the Need comments box with more details if needed.
 2. Update the Status to 'Complete,' if the goal will not be continued.
 - a. Enter the Completion Date.
 3. Leave the status 'Pending' for any Needs/Goals/Objectives and Interventions that are still current
 4. Update the Revision Date.

Need	
Need Code *	2
Need	Self care/ personal living
Status	Pending Complete
Revision Date	02/21/2017
Completion Date	07/26/8201
Primary Need	<input checked="" type="checkbox"/>

Completed Need

5. On the **File** menu, click **Save and Close Need**.
- ii. Select Goal(s).
 1. Update the Goal comments box with more details.
 2. Reset the Status = 'Pending' or 'Complete,'
 - a. Enter a Completion Date.
 3. Update the Revision Date, only if the goal has been updated.
 4. Add or update Service Links, as needed.

**Tip**

The Service Link field will link the goal to the service so the two will display on the Person Centered Support Plan report together.

5. Select the value for 'Is this Goal.'
 - a. New
 - b. Revised
 - c. Continued
- iii. On the **File** menu, click **Save and Close Go**

Goal	
Goal Code *	1
Goal	Increase independence in chosen home setting... continuing goal
Status	Pending
Revision Date	06/27/2017
Completion Date	
Service Category 1	047 Home Community Based Agency
Service Category 2	
Service Category 3	
Service Category 4	
Service Category 5	
Service Category 6	
Service Category 7	
Service Category 8	
Is This Goal	Continued

Continued Goal

- iv. Select Objective(s).
 1. Update the Objective comments box with more details.

2. Reset the Status = 'Pending' or 'Complete,' if applicable.
 - a. Enter the Completion Date.
 3. Update the Revision Date.
 4. On the **File** menu, click **Save and Close Objective**.
- v. Select Intervention(s).
1. Update the Intervention comments box with more details.
 2. Reset the Status = 'Pending' or 'Complete,' if applicable.
 - a. Enter a Completion Date.
 3. Update the Revision Date.
 4. On the **File** menu, click **Save and Close Intervention**.
- vi. *Repeat steps above to review and update all Needs/ Goals/Objectives and Interventions*

- g. Update Planned Services.
 - i. Select the **Planned Services** subpage
 - ii. Select the existing service that needs to be updated.

File

TOOLS

Plan Information

Plan Forms

Needs-Goals

Planned Services

Plan Notes

Filters

Search

Reset

1 Planned Services record(s) returned - now viewing 1 through 1

Provider	Service Code	Service	Unit Type	Unit Cost	Total Cost	Start Date	End Date	Auth ID	
Advantage Senior Care LLC	S5100	Adult Day Services (time exceeding 4-hour half-day)	15 mins		\$0.00	04/01/2016	03/31/2017		

[Click existing service to update](#)

- iii. Update Existing service(s).
 - 1. Update the Start and End Dates. *(if duplicated from an Amended plan, double check the dates).*
 - 2. Update the Units if the amount is changing.



Tip

If number of units requested has changed, the Care Coordinator will need to reset the page, Clear all the fields and reenter the Units Per Period, then reselect the correct Period from the dropdown. The page auto-recalculates the total units for the new Plan year.

- 3. Update the Provider/Provider number if they are changing.

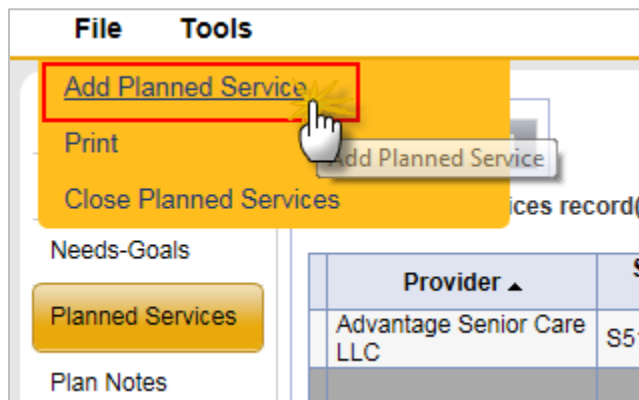
Planned Services				
Start Date	07/01/2017			
End Date	06/30/2017			
Division	SDS			
Region-Program (Consumer's Region)	Index Code	Index Description	SubObject	SubObject Desc
	1	I-Southwest	APDD	APDD Program
Service Code *	S5100			
Service Description	Adult Day Services (time exceeding 4-hour half-day)			
Unit Type	15 mins			
Use Service Schedule	<input type="checkbox"/>			
Units Per Period	25			
Period	Month			
Total Units	300			
Provider ID *	10117			
Provider	Advantage Senior Care LLC			

[Update existing planned service](#)


- 4. On the **File** menu, click **Save and Close Planned Services**.

iv. Add Planned Service(s) as needed.

1. On the **File** menu, click **Add Planned Service**.



Add Planned Service

- a. Start Date defaults to the Plan Start Date.
 - i. Modify if appropriate. An adjusted Start Date must fall within the overall Plan Period.
- b. End Date defaults to the Plan End Date.
 - i. Modify if appropriate. An adjusted End Date must fall within the overall Plan Period.
- c. Select Region-Program (Consumer's Region).
 - i. Click the **ellipsis button** () to open the Region-Program search box.
 - ii. Select the consumer's correct Region-Program combination based on the region of the consumer's residential address and the program for this consumer's plan.
- d. Select the Service Code.
 - i. Click the **ellipsis button** to open the Service search box.
 - ii. Search and select the Service.
 - iii. Service Description and Unit Type will populate based on Service Code selection.
- e. Enter Units Per Period = the number of units planned for each service period (below).
- f. Select the Period = the time interval for planning delivery of this service.
 - i. Options include: Business Day, Calendar Day, Week, Month, Year, or Quarter.
 - ii. If entering a service that is not an annual, monthly or daily unit, then select Period = Week and enter Units Per Period = the weekly average number of units.
- g. Total Units will auto-calculate based on the Units Per Period, Period, and Service Start Date-End Date range.
 - i. Note: If the system calculated Total Units exceeds the regulatory max for this service, then adjust the Total Units down to the regulatory max.
- h. Select the Provider ID.
 - i. Click the **ellipsis button** to open the Provider search box.
 - ii. Search and select the Provider for this service using Provider Name.
 - iii. Provider will populate based on the Provider ID selection.
- i. On the **File** menu, do one of the following:
 - i. Click **Save and Close Planned Services** or
 - ii. Click **Save and Add Planned Service** to add another new service.

The screenshot shows the 'File' menu on the left with options: Save Planned Service, Spell Check, Save and Add Planned Service (highlighted with a red box), Save and Close Planned Service (highlighted with a red box), Print, and Close Planned Service. A dropdown menu for 'Save and Close Planned Service' is open, showing 'Save and Close Planned Service' and 'Save and Add Planned Service'. The main form displays service details for 'Adult Day Services, 1-4 hours (must be billed first)' with fields for Service Code (S5101), Unit Type (Half day), Units Per Period (1), Period (Calendar Day), Total Units (365), Provider ID (18864), Provider (Chip), Unit Cost (\$83.11), and Total Cost (\$30,335.15). A table below shows service details with columns: IndexCode, Index Description, SubObject, and SubObject Description. The table contains one row: 4, IV-Anchorage, APDD, APDD Program.

Save and Close or Save and Add

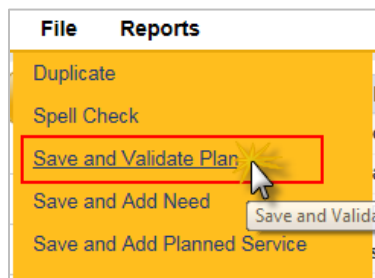
Validate the Plan and Print for Signatures



Note

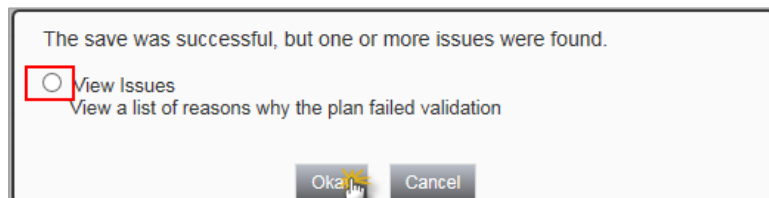
Plan Validation applies program and service-specific business rules to a Support Plan based on applicable regulations and guidelines.

3. Click the **Plan Information** subpage.
4. On the **File** menu, click **Save and Validate Plan**.



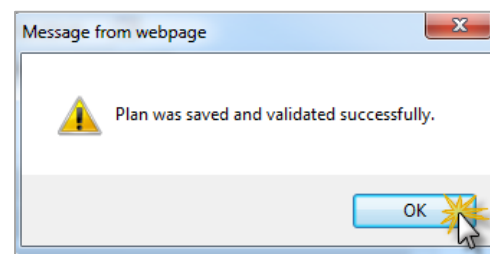
Save and Validate Plan

11. If Plan Validation fails, click **View Issues** and then click **OK** to review the *Plan Validation Report*.



Plan Validation Failed

OR



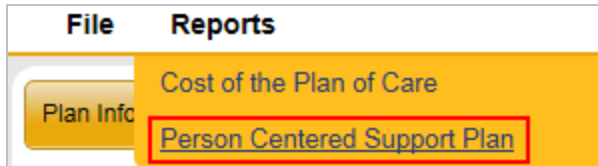
Plan Validation Passed

- ii. Passes Validation (This basic scenario assumes the plan will pass validation, but if it fails, the user needs to view the report and fix the validation issues. These detailed steps are covered in *Plan Validation Testing* documentation and training material.)
- iii. Refer to *Job Aid 08 Plan Validation*

12. Close the Plan Validation Report window.

13. Care Coordinator – Print the *Person Centered Support Plan* Report.

- i. Click the **Plans** tab.
- j. On the **Reports** menu, click **Person Centered Support Plan**



Person Centered Support Plan report

- k. Print the report then, Save the PDF file
- l. Close the Support Plan Report window
- m. On the **File** menu, select **Close Plan Information**

14. Associate Provider of Planned Services to Consumer.

- n. Click the **Providers** tab.
- o. On the **File** menu, click **Add Provider Association**.
 - iv. Set Division = SDS.
 - v. Set the Provider = the Provider on the Planned Service.
 - vi. Select an Association Type of the Provider's relationship with the consumer.
 - vii. Set the Status = one of the following:
 - 1. 'Proposed' (Care Coordinator suggested).
 - 2. 'Requested By Consumer.'
 - viii. Set the Start Date = date the Service Provider will begin to server the consumer
 - ix. On the **File** menu, select **Save and Close Provider Association**
 - x. Repeat for all distinct Providers within the Support Plan, that are not already listed.



Key Point

If consumer is in a contracted facility where the billing and rendering providers are different, add both Providers to the Providers tab to show that the consumer is associated with both.

Provider Association	
Division *	SDS ▼
Provider *	A Better Home Care ▼ Details
Association Type	Care Coordination ▼
Status *	Proposed ▼
Primary Worker *	Johns, Jennifer Details
Start Date	11/02/2017

Set Provider Association to Proposed

15. Obtain signatures on Person Centered Support Plan where applicable (*outside Harmony*).

16. Complete the Person Centered Questionnaire.

- a. On the **File** menu, click **Add Plan Form**.
- b. Select a Type of *'Person Centered Questionnaire.'*
- c. Set the Cycle = *'Initial.'*
- d. Set the Start Date = match the Plan start date
- e. Set the Program = the program for this consumer's plan.
- f. Complete the form. Based on the Consumers answers given on SDS Form [Uni-15 Person Centered POC Questionnaire](#)
 - i. Type in the Care Coordinator Name
 - ii. Select answers for questions 3 -5 base on the consumers response.
- g. Set Status = *'Pending'*
- h. On the **File** menu, click **Save Plan Forms**

9. Add a Request for Monthly In-Person Visit Exception (*optional*).

- i. Click on the **Plan Forms** subpage
 - i. On the **File** menu, select **Add Plan Forms**.
 - ii. Select Type = *'Request for Monthly In-Person Visit Exception.'*
 - iii. Set Cycle = *'Initial'*
 - iv. Set the Program = the program for this consumer's plan.
 - v. Complete the form.
 - vi. Set Status = *'Pending'*
 - vii. On the **File** menu, click **Save and Close Plan Forms**.
- xi. Add a Plan Note to document which Providers were considered in the Provider selection process.
 1. Click **Plan Notes** subpage, on the **File** menu, click **Add Note**.
 - a. Set the Program = the program for this consumer's plan.
 - b. Set the Note Type = *'Plan Note.'*
 - c. Set the Note Sub-type = *'Providers Considered.'*
 - d. Enter a Note about the Providers who were considered.
 - e. Set Status = *'Pending'*
 - f. Add Attachment (*optional*).
 - g. On the **File** menu, click **Save and Close Plan Notes Popup**.

Add the Signed Plan to a Plan Note and attach documents.

1. Click the **Plans** tab.
 - a. Click to open the Plan record.
 - b. Click the **Plan Notes** subpage.
 - i. On the **File** menu, click **Add Note**.
 1. Set the Program = the program for this consumer's plan.
 2. Set the Note Type = *'Plan Attachments.'*
 3. Leave the Sub-Type blank.
 4. Enter a brief description of what is begin attached
 5. Note any comments you'd like SDS to consider when reviewing this plan
 6. Set Status = *'Pending'*
 - ii. Attach the required documents to support the requested services.
 1. Include a Brief Description
 2. Selecting the Attachment category if applicable.
 - a. C-Plan-Person Centered Support Plan with Signatures
 - b. C-Plan-IAT (Intensive Active Treatment) Plan
 - c. C-Plan-Acuity Rate
 - d. C-Plan-Specialized Medical Equipment Medical Justification and Invoice
 - e. C-Plan-Environmental Modification

- f. C-Plan-Safety Plan
 - g. C-Plan-Behavioral Plan
 - h. C-Plan-Nursing Oversight Plan, Notes and Checklist
 - i. C-Plan-Care Calendar
 - j. C-Plan-Specialized Private Duty Nursing prescription
 - c. On the **File** menu, click **Save and Close Notes Popup**.
2. Submit the Support Plan for SDS Review.
 - a. Add another (2nd) **Plan Note** to attach the *signed* Support Plan and Questionnaire
 - i. On the File menu, click Add Note
 - ii. Set the Program = the program for this consumer's plan.
 - iii. Set the Note Type = 'Plan Attachments'
 - iv. Leave Subtype blank
 - v. Set description = Signed Support Plan, PC Questionnaire
 - vi. Set Status = 'Pending'
 - vii. Add the signed Person Centered Questionnaire as a note attachment
 - viii. On the File menu, click Save and Close Plan Notes Popup

Notes	
Division *	SDS
Note By *	Johns, Jennifer
Note Date *	06/21/2017
Program	ALI Program Details
NoteType *	Plan of Care Attachments
Note SubType	
Description	
Note	
Status *	Pending
Date Completed	
Phone Number	
Attachments	
Add Attachment	
Document	Description
test doc.txt	Plan-SDS Waiver Plan of Care Report with Signatures

[Plan Note for Plan attachments](#)

3. Update the Plan Status.
 - a. Click the **Plan Information** subpage.
 - b. Set Status = 'Submitted'
 - c. Update Submitted Date = Today's Date

- d. On the **File** menu, click **Save & Close Plan**.

Plan Information	Plan Details	
Planned Services	Division *	SDS
Plan Forms	Program	IDD Waiver Program Details
Needs-Goals	Plan Type	Initial
Plan Notes	Status	Submitted
	Submitted Date *	09/22/2017

Set Status equal to Submitted when plan is ready to be submitted to SDS for Review



Key Point

Once a Plan is saved in the **Submitted** Status it is locked for editing. SDS will receive notice there is a Support Plan waiting for review. You can track the status of a plan as it goes through the review process by monitoring the Plan on your Consumer's record.



SDS Staff – Reviews Renewal Person Centered Support Plan and Approves

- Reviews Renewal Person Centered Support Plan
- If approved, SDS passes plan to DPA, creates Authorizations and notifies Care Coordinator and SDS Program Assistant
- SDS notifies Care Coordinator of decision via a note



Practice Exercise #13

1. Locate a Consumer with an approved plan
2. Create a Renewal plan by duplicating the previous year's plan.
3. Update the *Person Centered Support Plan Details* form by duplicating a previous plan or adding a new one.
4. Add one new Service.
5. Run the *Cost of Plan of Care* report.
6. Add a note with an attachment and select the appropriate attachment category.
7. Submit the Renewal Person Centered Support Plan to SDS for review by setting the Plan Status to Submitted.

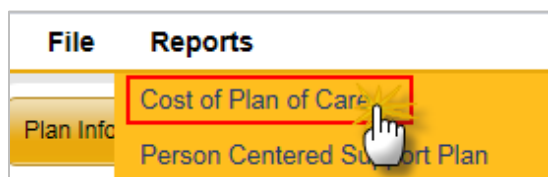
Approved Person Centered Support Plan

1. Monitor Consumer Ticklers queue.
 - a. On the **My Harmony** home page, in the **Consumers** column, under the **Ticklers** header, click the Ticklers item to open the list in a new window.
 - i. Find the Tickler record where the Tickler Name is 'Support Plan Approved: Send Support Plan Report'
 - ii. Point to the flyout menu arrow and click **View Consumers Record**.

CaseNo	Consumer Name	Tickler Name	Date Created ▾	Date Due	Date Completed	Status
61650	Snow, Dany	Support Plan Approved: Send Person Centered Support Plan Report to all Providers identified in the plan per COPs and Consumer/Guardian	11/02/2017	11/02/2017		New ▶
61650	Snow, Dany	Amended Plan of Care Approved: Send Plan of Care Report to all Providers identified in the plan per COPs	11/02/2017	11/02/2017		▶
61650	Snow, Dany	Renewal Plan of Care due in 30 days	11/02/2017	10/01/2017		▶
61650	Snow, Dany	Plan of Care Approved: Send Plan of Care Report to all Providers identified in the plan per COPs and Consumer/Guardian	11/02/2017	11/02/2017		▶

View Consumer Record from Tickler

2. Sends the *Person Centered Support Plan* to the Consumer/Guardian and Service Providers.
 - b. Click the **Plans** tab.
 - c. Click to open the recently-approved Plan record.
 - d. Click **Plan Notes** subpage
 - e. Click the plan note with description = 'Signed SDS PCSP and Approval Letter' to open
 - f. Under Attachments, click the document with Category = 'C-Plan-Person Centered Support Plan Report with Signatures' to open
 - g. Save a copy for secure e-mail or print copies to deliver the Approved Plan to the Consumer and all Service Providers on the plan (*outside harmony*)
 - h. Click the **Plan Information** subpage
 - i. On the **Reports** menu, click **Cost of Plan of Care**.



Click Cost of Plan of Care under Reports menu



Save and Print Icons in PDF

- ii. Print the report then Save the PDF file
3. Deliver a copy of Cost of Plan of Care and Person Centered Support Plan reports to the consumer



Practice Exercise #14

1. Login as Care Coordinator
2. Find Tickler Name 'Support Plan Approved: Send Support Plan Report'
3. Save the SDS Waiver Plan of Care Report and Cost of Plan of Care Report as PDFs

Incomplete Person Centered Support Plan



SDS Staff – Reviews Person Centered Support Plan and Returns Incomplete Plan to Care Coordinator

- Reviews Person Centered Support Plan
- If Plan is incomplete, SDS will send an Incomplete Courtesy Notice to Care Coordinator via a note


1. On the **My Harmony** home page, in the **Consumers** column, under the **Notes** header, click the **Complete** item to open the list in a new window
 - i. Find the note with Note Type = “Incomplete Notice” and Note Subtype = “Courtesy Notice”
 - ii. Take note of the consumer’s name
 - iii. Review missing information
 - iv. On the **File** menu, click **Close Notes**

Note Details	
Division *	SDS ▼
Note By *	Johns, Jennifer ▼
Note Date *	06/28/2017
Program	ALI Program ▼ Details
Note Type *	Incomplete Notice ▼*
Note Sub-Type	Courtesy Notice ▼
Description	Incomplete Plan of Care
Note	1. Missing Signatures of Service Providers on Waiver Plan of Care Report Signature Page 2. Plan validation Failed due to number of units per week exceed limit for Chore
Due Date	07/12/2017
Status *	Complete ▼
Date Completed	06/28/2017

Courtesy Notice note to Care Coordinator

2. Care Coordinator Updates Plan and/or provides missing information and returns a note to SDS Reviewer
 - a. From the **Consumers** chapter, search for the consumer via number or last name.
 - i. Select the consumer record.
 - ii. Click the **Plans** tab.
 - iii. Click the **Plan Notes** subpage.
 - iv. On the **File** menu, click **Add Note**.
 1. Set Division = ‘SDS.’
 2. Set Program = Consumer’s Program.
 3. Set the Plan Note Type = ‘Person Centered Support Plan Attachments.’
 4. Leave note subtype blank
 5. Set Status = ‘Pending’
 6. Upload any attachments

7. Select the SDS Reviewer as the Note Recipient
8. On the **File** Menu, select **Save and Close Notes Popup**.
3. Resubmit Plan for SDS Review (*transition point*).
 - a. Update the Plan Status.
 - i. Click the **Plan Information** subpage.
 - ii. Set Status = 'Submitted'
 - iii. On the **File** menu, click **Save and Close Plan**.

Plan Information	Plan Details	
Planned Services	Division *	SDS
Plan Forms	Program	IDD Waiver Program ▾ Details
Needs-Goals	Plan Type	Initial ▾
Plan Notes	Status	Submitted ▾
	Submitted Date *	09/22/2017 

Set Status equal to Submitted when plan is ready to be submitted to SDS for Review

Chapter 7 Quiz

Now that you know the basic functions for creating Renewal Plans, check your understanding by answering the questions below.

1. What does the Care Coordinator do when creating a Renewal Support Plan if a diagnosis record needs to be updated?
2. What are 2 specific consumer demographics need to be updated every year and appears on the Person Centered Support Plan report?
3. True or False? Attachment categories should be selected when uploading attachments to notes.



Job Aids for Care Coordinators:

J06 Support Plan Troubleshooting 1.2

FAQ for Support Plans

Question	Answer(s)
I cannot find the Plan Validation Report under the Reports menu.	<p>Run Plan Validation</p> <p>The Plan Validation report is not available until AFTER Plan Validation has been run at least one time. To run Plan Validation, click the File Menu and select Save and Validate</p>
I received the LOC letter in a note but I cannot locate the tickler to begin the plan.	<p>Was LOC Denied?</p> <p>If LOC was denied, you will not get a tickler. You will receive a request for additional information via a note record.</p> <p>Was LOC Approved?</p> <p>If LOC was approved and you did not receive the tickler. Verify that you are the Care Coordinator for the consumer you are looking for. On the consumer's record, click the Programs tab and in the worker column next to the consumer's program verify that your name (care coordinator) is populated. If somebody else's name is listed, then contact SDS, this could indicate an issue on the Division record that SDS Admin's need to correct.</p>
I cannot find my consumer when I search for him/her by last name?	<p>Possible Data Entry problem</p> <p>We have seen in the past that sometimes the person doing data entry has mixed up the consumer's first name and last name. So, if you cannot find your consumer by their last name, try typing the consumer's first name in when looking for their last name.</p> <p>Filters</p> <p>Make sure the operator is correct. For example, if you are looking for a last name = Smith but the operator is not equal to, the resulting list will be the exact opposite of what you are actually looking for.</p> <p>One of the easiest filter operators to use is contains. This operator is useful if you don't know the exact spelling of someone's name but you know they have a certain combination of letters. For example, last name contains stone will produce a list of consumers with the last names of: Bellstone, Freestone, Stoner, Featherstone, Stonefield, Stoneman, etc.</p>
How do I track the Application/Assessment?	<p>The consumer Application and Assessment status can be seen on the Programs tab of the consumer's record in the Status field. This will show you if the assessment has been requested, scheduled or an Assessment QC is in progress.</p>

Question	Answer(s)
How do I track the Support Plan approval process?	<i>The consumer support plan is tracked on the Plans tab of the consumer's record on the Plan Information page in the Plan Status field. This will show you where the Plan currently is in the approval process, with statuses such as Regulatory Review, Approved Pending DPA, Approved Pend SA and finally Approved.</i>
The Cost of Plan of Care report is not showing a value in the Total Cost column for one of the planned services.	Planned Service Data Entry error <i>It is very important to fill out the Planned Service page from top to bottom. If you select a Provider FIRST and then go back up and enter the Units Per Period and Period, the total cost field <u>WILL NOT</u> automatically calculate. The Units Per Period and Period fields MUST BE POPULATED FIRST before you select a provider for the page to auto-calculate correctly. To fix, start at the top of the page and reselect the fields in order from top to bottom beginning with the Region-Program (Consumer's Region) field.</i>
The Consumer's Personal Goal is showing up under a specific service on the Person Centered Support Plan Report.	Remove the Service Link from the Personal Goal <i>Under the Needs-Goals subpage, find the consumer's personal goal. Click the personal goal to open and remove any Service Links. To remove a Service Link, click the drop-down and select the blank row at the top of the list.</i>
The consumer's guardian is not showing up on the Person Centered Support Plan report.	Add a case relation with Primary Case Relationship equal to Legal Representative. <i>The Person Centered Support Plan Report is programed to only pull specific data onto the report. A case relation with the Primary Case Relationship Type equal to Legal Representative will pull into the Recipient's Legal Representative area of the report. In the case where the consumer has a guardian, the guardian WILL BE the recipient's legal representative</i>
The recipient's emergency contact is not showing up on the Person Centered Support Plan report.	Add a case relation with Primary Case Relationship equal to Emergency Contact-Primary. <i>The Person Centered Support Plan Report is programed to only pull specific data onto the report. A case relation with the Primary Case Relationship Type equal to Emergency Contact-Primary will pull into the Recipient's Emergency Contact area of the report.</i>

Question	Answer(s)
<p>The Medical and/or Psychiatric Contacts table is empty on the Person Centered Support Plan Report.</p>	<p>No Professional Relations entered</p> <p><i>The Medical and Psychiatric contacts table is populated from the Professional Relations tab of the Consumer's record. In order for Professional Relation to show up in the table the Primary Relationship field must be a medical professional: Advanced Nurse Practitioner, Audiologist, Behavioral Therapist, Board Certified Behavior Analyst, Dentist, Doctor, Health/Medical Professional, Occupational Therapist, Other Healthcare Provider, Physical Therapist, Physician Assistant, Primary Care Physician, Psychiatrist, Psychologist, Speech Therapist, Therapist.</i></p>
<p>The Reason for Visit and/or Frequency columns of the Medical and/or Psychiatric Contacts table is blank on the Person Centered Support Plan Report.</p>	<p>Values were not entered on the Professional Relations Detail page</p> <p><i>The Medical and Psychiatric contacts table is populated from the Professional Relations tab of the Consumer's record. In order for Professional Relation to show up in the table the Primary Relationship field must be a medical professional: Advanced Nurse Practitioner, Audiologist, Behavioral Therapist, Board Certified Behavior Analyst, Dentist, Doctor, Health/Medical Professional, Occupational Therapist, Other Healthcare Provider, Physical Therapist, Physician Assistant, Primary Care Physician, Psychiatrist, Psychologist, Speech Therapist, Therapist.</i></p> <p><i>Two additional fields were added to the Professional Relations Detail Page to capture data that is specifically needed for the Person Centered Support Plan Report. Medical: Reason for Visit and Medical: Frequency need to be populated in Professional Relations Detail for it to pull onto the report.</i></p>
<p>One of the following pieces of information is missing on the Person Centered Support Plan Report:</p> <ul style="list-style-type: none"> • School and/or Employment Information • Emergency Response Information • Personal Profile • Summary of Non-Waiver Supports and Services • Planning Team 	<p>Missing or Incomplete Person Centered Support Plan Details form</p> <p><i>The plan form named Person Centered Support Plan Details is where the identified information to the left is captured. This form feeds the Person Centered Support Plan report so if the form has not been added to the plan or is incomplete the report will also be incomplete. To add the form, click the Plan Forms subpage, select Add Form from the File menu and select Person Centered Support Plan Details form. Fill out the form thoroughly.</i></p>
<p>The Provider I want is not available in the Planned Service list, why?</p>	<p>The Provider could have one of the following:</p> <ul style="list-style-type: none"> • Provider Action • Suspension • Decertification or • Closure

Question	Answer(s)
The Provider I want is not available in the Provider Association list, why?	<p>The Provider could have one of the following:</p> <ul style="list-style-type: none"> • Provider Action • Suspension • Decertification or • Closure
What is the Region-Program list?	The Consumer's Region and Program
The Service I want is not available in the Service Code list, why?	<p>Invalid Program</p> <p>Certain Services are only offered under certain programs so if you do not see a specific service being offered for the consumer's program, double check your Region-Program selection.</p>
How do I know when to use Service Schedules?	<p>Only for a PCA service Plan</p> <p>Service Schedules are only used for PCA. They will never be used for a Waiver Support Plan.</p>
What do I do if the system's automatic calculation exceeds the regularity cap?	<p>Adjust Total Units down</p> <p>If entering a service that is not an annual, monthly or daily unit, then enter the units as a weekly average. If system exceeds regulatory cap, then adjust Total Units field down to regulation.</p>
If I created a Plan in the wrong Consumers record or I updated the wrong Plan in my Consumer record, who do I alert at SDS?	<p>Plan Note or Email</p> <p>Add a plan note to the plan and add the Plan Reviewer as the Note Recipient or send an email to SDS RAU.</p>
I received a Plan Validation error, how do I fix it?	<p>Refer to Job Aid J08 Plan Validation</p> <p>All of the plan validation errors messages and how to fix each on are listed in the job aid</p>
Do dates need to be changes?	<p>Dates will only need to be changed if the service is only going to be offered for part of the year. Example, the consumer will only be using Adult Day during the summer months or the consumer will get 3 months of pre-employment services.</p>
Where can we find the consumer's region information if we don't know it?	<p>Consumer Demographics</p> <p>Click on the Demographics tab of the consumer record. Click Edit Demographics from the Edit menu. Click the addresses subpage, then click the Residence Address to open. Find the Region field about halfway down the page.</p>

J08 Plan Validation 1.0

Service Specific Rules

Rule #	Rule Name	Program(s)	Validation Message	How to make the rule pass
1	Adult Day Services - Unit Type	<ul style="list-style-type: none"> APDD ALI 	Cannot provide service with a unit type = 15 min if plan does not also include service with a unit type = ½ day	Add Service Code S5101, "Adult Day Services, 1-4 hours (must be billed first)" as a planned service.
2	Adult Day Services Time – ½ day	<ul style="list-style-type: none"> APDD ALI 	Cannot have more than 1 unit/day where unit type = ½ day	Set Units Per Period to 1 and Period to Calendar Day or Business Day for Service Code S5101, "Adult Day Services, 1-4 hours (must be billed first)"
3	Adult Day Services Time – 15 min	<ul style="list-style-type: none"> APDD ALI 	Cannot have more than 24 units/day where unit type = 15 min	Set Units Per Period less than 24 when Period is equal to Calendar Day or Business Day for Service Code S5100, "Adult Day Services (time exceeding 4-hour half-day)"
4	Adult Day Services Conditions - Age	<ul style="list-style-type: none"> APDD ALI 	Consumer must be 18 on or before the service start date	Verify consumer's age is 18 prior to the service start date
5	Adult Day Services - Per Week Freq where "Adult Day Services, 1-4 hours (must be billed first)" service equals 240 hours	<ul style="list-style-type: none"> APDD ALI 	Allowable per week frequency exceeded	Reduce the total amount of Adult Day Units per Period to <ul style="list-style-type: none"> Less than 7 days per week or Less than 10 hours per day or Less than 70 hours per week
7	Care Coordination or Targeted Case Management Monitoring Required	<ul style="list-style-type: none"> APDD ALI IDD ISW CCMC CFC 	Plan must include Care Coordination or Targeted Case Management Monitoring	Add one of the following Planned Services depending on the Consumer's program: <ul style="list-style-type: none"> T2022 Care Coordination Monthly Case Management T2022:SE Targeted Case Management - Monitoring
7a	Care Coordination AND Targeted Case Management – Monitoring not allowed	<ul style="list-style-type: none"> APDD ALI IDD ISW CCMC CFC 	Cannot have both Care Coordination Monthly Case Management and Targeted Case Management Monitoring	Remove all but one of the following Planned Services depending on the Consumer's program: <ul style="list-style-type: none"> T2022 Care Coordination Monthly Case Management T2022:SE Targeted Case Management - Monitoring

Rule #	Rule Name	Program(s)	Validation Message	How to make the rule pass
8	POC Development	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Allowable units exceeded	Set Units Per Period to 1 and Period to Year for Service Code T2024:U2, "Plan of Care Development"
9	Chore - Time	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Allowable units exceeded	Set Units Per Period less than 40 per week for Service Code S5120, "Chore Services"
10	Chore - Married or other adult HH member responsible to perform chore-like duties /Caregiver Status	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Service may not be allowed when consumer is married or lives with other adult immediate family or caregiver	Verify consumer's Marital Status. Marital Status cannot be equal to "Married" or "Domestic Partnership/Civil Union" or "Living Together"
11	Chore - Consumer Location	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Service not allowed in consumer's current living setting	<p>If consumer wants to receive chore remove all the following planned services:</p> <ul style="list-style-type: none"> • S5140 Res Hab - Family Home Habilitation - Adult and/or • T2016 Res Hab - Group Home (18 & older) and/or • T2016:TG Res Hab - Group Home - Acuity and/or • T2031 Residential Support Living (RSL) and/or • T2031:TG Residential Support Living (RSL) - Acuity Add-on
13	Day Habilitation - Age 3	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Allowable units exceeded based on consumer's age	Set Units Per Period less than 72 per week for Service Code T2021:HQ, "Day Habilitation (group of 2 or more, age 3 and up)" for a consumer between the ages of 3 and 16.
14	Day Habilitation - Age >= 18	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Allowable units exceed based on consumer's age and/or living setting	Set Units Per Period less than 60 per week for Service Code T2021:HQ, "Day Habilitation (group of 2 or more, age 3 and up)" or Service Code T2021, "Day Habilitation (one-on-one support, age 3 and up)" for a consumer 18 years or older.
15	Day Habilitation - Per Week Freq	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Allowable per week frequency exceeded	Set Units Per Period less than 3120 per year or less than 60 per week for Service Code T2021:HQ, "Day Habilitation (group of 2 or more, age 3 and up)"

Rule #	Rule Name	Program(s)	Validation Message	How to make the rule pass
17	EMOD - Conditions	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Service not allowed in consumer's current living setting.	<p>If consumer wants to receive an EMOD remove all the following planned services:</p> <ul style="list-style-type: none"> • T2016 Res Hab - Group Home (18 & older) and/or • T2016:TG Res Hab - Group Home - Acuity and/or • T2017 Res Hab - Supported Living (18 & older) and/or • T2031 Residential Support Living (RSL) and/or • T2031:TG Residential Support Living (RSL) - Acuity Add-on
18	EMOD - Cumulative Cost 2013-2016	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Cumulative service costs exceed \$18,500	This rule adds the total cost of any Environmental Modification – Contractor service that appears on an initial or renewal plan for plan years 2013-2016. For this rule to pass, the total cost across the 3-year period must be less than \$18,500.
19	EMOD - Cumulative Cost 2016 - 2019	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Cumulative service costs exceed \$18,500	This rule adds the total cost of any Environmental Modification – Contractor service that appears on an initial or renewal plan for plan years 2016-2019. For this rule to pass, the total cost across the 3-year period must be less than \$18,500.
20	EMOD - Cumulative Cost 2019 - 2022	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Cumulative service costs exceed \$18,500	This rule adds the total cost of any Environmental Modification – Contractor service that appears on an initial or renewal plan for plan years 2019-2022. For this rule to pass, the total cost across the 3-year period must be less than \$18,500.
22a	Meals – Unit of Measure	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Unit of Measure for meals must be Calendar Day or Business Day	Set Period equal to Calendar Day or Business Day for Service Code S5170, "Meal, Home Delivered (limit x2 per day)" or Service Code T2025, "Meal, Congregate (limit x2 per day)"
22	Meals – Cumulative Limit	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Number of meals provided by PCA & Waiver > 3 and/or number of meals provider by Waiver > 2	If consumer is on a waiver alone reduce the Units Per Period to 2 or less. If the consumer is on a waiver plus PCA reduce the Units Per Period to 3 or less.

Rule #	Rule Name	Program(s)	Validation Message	How to make the rule pass
23	Meals – Age	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Consumer must be 18 on or before the service start date	Verify consumer's age is 18 prior to the service start date.
24	Meals – Home Delivered Meals vs Living Setting	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Service not allowed if consumer is receiving any of the following services: Residential Supported Living, Family Home Habilitation, Group Home or In-Home Supports.	<p>If consumer wants to receive Home Delivered Meals remove all the following planned services:</p> <ul style="list-style-type: none"> • S5140 Res Hab - Family Home Habilitation - Adult and/or • S5145 Res Hab - Family Home Habilitation – Child and/or • T2016 Res Hab - Group Home (18 & older) and/or • T2017:U4 Res Hab - In-home Supports (17 & under) and/or • T2031 Residential Support Living (RSL)
27	NOCM - Age	<ul style="list-style-type: none"> • IDD • ISW • CCMC 	Consumer must be less than 22 on or before service end date	Verify consumer's does not turn 22 prior to the service end date.
28	NOCM - Conflicting Services	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Service not allowed if consumer is receiving IAT or SPDN	<p>If consumer wants to receive NOCM services remove all the following planned services:</p> <ul style="list-style-type: none"> • T1002:U2 Specialized Private Duty Nursing (RN) and/or • T1003:U2 Specialized Private Duty Nursing (LPN/LVN)
30	Family Home Hab – No Family Respite	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Service not allowed if consumer is also receiving Family Directed Respite	<p>If consumer wants to receive Family Home Habilitation services remove all the following planned services:</p> <ul style="list-style-type: none"> • S5150:U2 Family Directed Respite (15 min) and/or • S5151:U2 Family Directed Daily Respite (day)
31	Family Home Hab – Conflicting PCA	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Consumer cannot have a concurrent PCA plan	The consumer cannot receive Family Home Habilitation services if they are 21 or older and have a PCA plan that overlaps with the current waiver plan. Verify the dates on both the waiver and PCA plans.

Rule #	Rule Name	Program(s)	Validation Message	How to make the rule pass
32	Family Home Hab – Certified Home	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Provider not certified as an ALH or Foster Home	If you believe this message is erroneous and the Provider is certified to offer Family Home Habilitation for Adult or Child for the consumer's specific program, then contact SDS's System Administrator.
34	Family Home Hab – Conflicting Services	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Service not allowed if consumer is also receiving Transportation, and/or Meals.	<p>If consumer wants to receive Family Home Habilitation for an Adult then remove all the following planned services:</p> <ul style="list-style-type: none"> • T2001:SE Escort (travel companion for the recipient) and/or • S5170 Meal, Home Delivered (limit x2 per day) and/or • T2025 Meal, Congregate (limit x2 per day) and/or • T2003 Transportation < 20 miles one way and/or • T2003:CG Transportation (Paratransit) one way and/or • T2003:TN Transportation > 20 miles one way
35	Family Home Hab – Per Day Freq	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Consumer cannot receive more than 1 unit/day	Set Units Per Period to 1 and Period to Calendar Day or Business Day for Service Code S5140, "Res Hab - Family Home Habilitation – Adult" and/or Service Code S5145, "Res Hab - Family Home Habilitation – Child"
37	Supported Living – Age Restrictions	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Consumer cannot receive more than 72 units/day when 18 or older	<p>Set Units Per Period to less than 72 and Period to Calendar Day or Business Day for Service Code T2017, "Res Hab - Supported Living (18 & older)"</p> <p>Verify consumer's age is 18 prior to the service start date.</p>
38	Group Home Hab - Age	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Consumer must be at least 18	Verify consumer's age is 18 prior to the service start date.
39	Group Home Hab – Certified Provider	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Provider not certified as a Group Home	If you believe this message is erroneous and the Provider is certified to offer Res Hab – Group Home for the consumer's specific program, then contact SDS's System Administrator.
40	Group Home Hab – Day Hab Restrictions	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Service not allowed if consumer is also receiving more than 60 units/week of Day Habilitation	Set Units Per Period to less than 60 and Period to Week for Service Code T2021, "Day Habilitation (one-on-one support, age 3 and up)" and/or Service Code T2021:HQ, "Day Habilitation (group of 2 or more, age 3 and up)"

Rule #	Rule Name	Program(s)	Validation Message	How to make the rule pass
41	Group Home Hab – Conflicting Services	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Service not allowed if consumer also has a PCA or CFC plan.	The consumer cannot receive Group Home Hab services if they have a PCA or CFC plan that overlaps with the current waiver plan. Verify the dates on both the waiver and PCA/CFC plans.
42	Group Home Hab – Per Day Freq	<ul style="list-style-type: none"> • IDD • ISW • CCMC 	Consumer cannot receive more than 1 unit/day	Set Units Per Period to 1 and Period to Calendar Day or Business Day for Service Code T2016, “Res Hab - Group Home (18 & older)” and/or Service Code T2016:TG, “Res Hab - Group Home – Acuity”
44	In Home Support Hab	<ul style="list-style-type: none"> • CCMC • IDD • ISW 	Consumer cannot receive more than 72 units/day	<p>Set Units Per Period to less than 72 and Period to Calendar Day or Business Day for Service Code T2017:U4, “Res Hab - In-home Supports (17 & under)”</p> <p>Verify consumer’s age is less than 18 prior to the service start date.</p> <p>If consumer wants to receive In-Home Supports for a Child under 18 then remove all the following planned services:</p> <ul style="list-style-type: none"> • T2001:SE Escort (travel companion for the recipient) and/or • S5170 Meal, Home Delivered (limit x2 per day) and/or • T2025 Meal, Congregate (limit x2 per day) and/or • T2003 Transportation < 20 miles one way and/or • T2003:CG Transportation (Paratransit) one way and/or • T2003:TN Transportation > 20 miles one way
A44B	In Home Support Hab	<ul style="list-style-type: none"> • APDD • ALI 	Consumer cannot receive In Home Support Hab for APDD or ALI programs	If consumer’s program is ALI or APDD, then remove Service Code T2017:U4, “Res Hab - In-home Supports (17 & under)”
45	RSL – Conflicting Services	<ul style="list-style-type: none"> • APDD • ALI 	Service not allowed if consumer also has a PCA or CFC plan.	The consumer cannot receive Residential Support Living (RSL) services if they have a PCA or CFC plan that overlaps with the current waiver plan. Verify the dates on both the waiver and PCA/CFC plans.
46	RSL – Certified Provider	<ul style="list-style-type: none"> • APDD • ALI 	Provider not certified as a Residential Support Living Facility	If you believe this message is erroneous and the Provider is certified to offer Residential Support Living (RSL) for the consumer’s specific program, then contact SDS’s System Administrator.

Rule #	Rule Name	Program(s)	Validation Message	How to make the rule pass
49	Respite Care – Living Setting	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Consumer cannot receive service if also receiving RSL or Group Home	<p>If consumer wants to receive Respite services, then remove all the following planned services:</p> <ul style="list-style-type: none"> • T2016 Res Hab - Group Home (18 & older) and/or • T2016:TG Res Hab - Group Home - Acuity and/or • T2031 Residential Support Living (RSL) and/or • T2031:TG Residential Support Living (RSL) - Acuity Add-on
50	Respite Care – Time - Day	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Consumer cannot receive more than 14 units/year when the unit type = day	Set Units Per Period to less than 14 and Period to Year for Service Code S5151, “Agency Based Daily Respite (day)” and/or Service Code S5151:U2, “Family Directed Daily Respite (day)”
51	Respite Care – Time – 15 min	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Consumer cannot receive more than 48 units/day (12 hr) or 2080 units/year (520) when the unit type = 15 min	<p>Set Units Per Period to less than 48 and Period to Calendar Day or Business day or</p> <p>Set Units Per Period to less than 520 and Period to Year for Service Code S5150, “Agency Based Daily Respite (15 min)” and/or Service Code S5150:U2, “Family Directed Daily Respite (15 min)”</p>
52	Respite Care – Cumulative Limit	<ul style="list-style-type: none"> • IDD • ISW • APDD • ALI 	Consumer cannot receive more than 14 Days of Daily Respite AND 520 total hours of Hourly Respite during an individual’s plan year	See rules 50 and 51 above
54	SPDN – Age Restrictions APDD, ALI, & IDD	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW 	Consumer must be 21 or older on or before the service start date	Verify consumer’s age is 21 prior to the service start date.
56	SPDN – Max Units	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW 	Consumer cannot receive more than 96 units/day (24 hr)	Set Units Per Period to less than 96 and Period to Calendar Day or Business day for Service Code T1002:U2, “Specialized Private Duty Nursing (RN)” and/or Service Code T1003:U2, “Specialized Private Duty Nursing (LPN/LVN)”
58	Employment – Age	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Consumer must be 14 on or before the service start date	Verify consumer’s age is 14 prior to the service start date

Rule #	Rule Name	Program(s)	Validation Message	How to make the rule pass
59	Employment – Per Day Freq	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Consumer cannot receive more than 32 units/day (8 hr)	Set Units Per Period to less than 32 and Period to Calendar Day or Business day for Service Code T2019, “Supported Employment (one-on-one support)” and/or Service Code T2019:HQ, “Supported Employment (group of 2 or more)”
60	Employment – Per Week Freq	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Consumer cannot receive more than 160 units/week (40 hr)	Set Units Per Period to less than 160 and Period to Week for Service Code T2019, “Supported Employment (one-on-one support)” and/or Service Code T2019:HQ, “Supported Employment (group of 2 or more)”
62	Pre-Employment Validation – Duration Limits	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Consumer cannot receive service for more than 90 days	Verify Start and End dates on Service Code T2019:CG, “Pre-Employment (one-on-one support)” and/or Service Code T2019:TT, “Pre-Employment (group of 2 or more)” is not greater than 90 days.
63	Pre-Employment Validation – Conflicting Plans	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Consumer cannot receive service on multiple plans	Verify Planned Service Dates for Service Code T2019:CG, “Pre-Employment (one-on-one support)” and/or Service Code T2019:TT, “Pre-Employment (group of 2 or more)” on Initial and/or Renewal plan to insure dates are not overlapping. Consumer can only receive this service on one plan. If service already exists on Plan, then remove it.
65	Transportation	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW 	Consumer must be 21 on or before the service start date	Verify consumer’s age is 21 prior to the service start date.
70	Targeted Case Management Certification – CFC	CFC (Note: program based on ISO sub object = ‘CFC’; ignore Plan Program)	Provider is not certified to offer Targeted Case Management as of the plan start date.	If you believe this message is erroneous and the Provider is certified to offer Targeted Case Management for the CFC program, then contact SDS’s System Administrator.
71	Skill Building Certification - CFC	CFC (Note: program based on ISO sub object = ‘CFC’; ignore Plan Program)	Provider is not certified to offer Skill Building as of the plan start date.	If you believe this message is erroneous and the Provider is certified to offer Skill Building services for the CFC program, then contact SDS’s System Administrator.

Non-Service Specific Rules

Rule #	Rule Name	Program(s)	Validation Message	How to make the rule pass
66	Waiver Certification	<ul style="list-style-type: none"> • ALI • APDD • CCMC • IDD • ISW 	Provider is not certified to offer {Planned Service Service Name} under {Plan Program Name} as of the plan start date.	If you believe this message is erroneous and the Provider is certified to offer the specific service requested for the consumer's program, then contact SDS's System Administrator.
67	PCA Certification	<ul style="list-style-type: none"> • PCA • CFC 	<ul style="list-style-type: none"> • Provider is not actively certified to offer PCA Services as of the plan start date. 	If you believe this message is erroneous and the Provider is certified to offer the specific service requested for the consumer's program, then contact SDS's System Administrator.
69	CFC Support Plan Supplement Form	<ul style="list-style-type: none"> • CFC • ALI • APDD • IDD • ISW • CCMC 	<ul style="list-style-type: none"> • Support Plan Supplement Form is required for consumers enrolled in CFC Program 	Add the Plan form named "Support Plan Supplement Form" to the Plan being validated.

J15 Service Code List 1.0

This list is organized alphabetically by Service Type.

Service Code	Service Name	Unit Type	Service Type
S5100	Adult Day Services (time exceeding 4-hour half-day)	15 mins	Adult Day Service
S5101	Adult Day Services, 1-4 hours (must be billed first)	Half day	Adult Day Service
T1023	Screening	Units	Care Coordination - Agency
T2022	Care Coordination Monthly Case Management	Units	Care Coordination - Agency
T2022:SE	Targeted Case Management – ISW Monitoring	Units	Care Coordination - Agency
T2022:U9	Care Coordination Monitoring - ISW	Units	Care Coordination - Agency
T2024:U2	Plan of Care Development	Units	Care Coordination - Agency
S5120	Chore Services	15 mins	Chore
T2021	Day Habilitation (one-on-one support, age 3 and up)	15 mins	Day Habilitation - Community Based
T2021:HQ	Day Habilitation (group of 2 or more, age 3 and up)	15 mins	Day Habilitation - Site Based
S5161	Emergency Response System Monthly	Year	Emergency Response System Monthly
S5160	Emergency Response System install and test	Year	Emergency Response System, Install and Test
S5165:U2	Env Mod - Org HealthCare Del Sys	Units	Env Mod - Administrative Fee
S5165	Environmental Modifications - Contractor	Units	Environmental Modification
S5165:OHCDS	Env Mod - Org Health Care Del Sys	Units	Environmental Modification
V2600	Hand held low vision aids and other non-spectacle mounted aids	Year	Hand held low vision aids and other non-spectacle mounted aids
H2011:CG	Intensive Active Treatment	15 mins	Intensive Active Treatment
T2025	Meal, Congregate (limit x2 per day)	Meal	Meals - Congregate
S5170	Meal, Home Delivered (limit x2 per day)	Meal	Meals - Home Delivered
T1016:CG	Nursing Oversight & Care Management < 200 miles	15 mins	Nursing Oversight and Care Management
T1016:TN	Nursing Oversight & Care Management > 200 miles	15 mins	Nursing Oversight and Care Management
E0274:U2	Over Bed Tables	Year	Over Bed Tables
T2019:TT	Pre-Employment (group of 2 or more)	15 mins	Pre-Employment (group of 2 or more)
T2019:CG	Pre-Employment (one-on-one support)	15 mins	Pre-Employment (one-on-one support)
A9281	Reacher to pick up objects	Year	Reacher to pick up objects
T2016	Res Hab - Group Home (18 & older)	Day	Residential Habilitation - Adult Group Home
T2016:TG	Res Hab - Group Home - Acuity	Day	Residential Habilitation - Adult Group Home
S5140	Res Hab - Family Home Habilitation - Adult	Day	Residential Habilitation - Family Home - Adult

S5145	Res Hab - Family Home Habilitation - Child	Day	Residential Habilitation - Family Home - Child
T2017:U4	Res Hab - In-home Supports (17 & under)	15 mins	Residential Habilitation - In Home Support
T2017	Res Hab - Supported Living (18 & older)	15 mins	Residential Habilitation - Supported Living
T2031	Residential Support Living (RSL)	Day	Residential Supported Living
T2031:TG	Residential Support Living (RSL) - Acuity Add-on	Day	Residential Supported Living
S5150	Agency Based Respite (15 min)	15 mins	Respite - Agency Based
S5151	Agency Based Daily Respite (day)	Day	Respite - Agency Based
S5150:U2	Family Directed Respite (15 min)	15 mins	Respite - Family Directed
S5151:U2	Family Directed Daily Respite (day)	Day	Respite - Family Directed
Shipping from lower 48	Shipping of an item from lower 48	Year	Shipping from Lower 48
A9901:U2	Shipping delivery to location outside of vendors normal delivery area within Alaska	Year	Shipping, delivery to location outside of vendors normal delivery area (within Alaska)
Hand Controls	SME - Permanent hand controls for recipient personal vehicle	Year	SME-Hand Controls
Install WC tie-downs	SME - Installation of WC tie-down in recipient personal vehicle	Year	SME-Installation of WC tie-downs
Repairs HC Van Lifts WC	SME - Repairs limited to hand controls, van lifts and WC tie-downs	Year	SME-Repairs to hand controls, van lifts, WC tie-downs
WC Van Lift	SME - WC Van Lift	Year	SME-WC Van Lift
A9900:U2	Parts for Repair & Preventive maintenance	Year	Spec Med Equip and Supplies
Adaptive Bowl	Adaptive Bowl	Year	Spec Med Equip and Supplies
Adaptive Cup	Adaptive Cup	Year	Spec Med Equip and Supplies
Adaptive Plate	Adaptive Plate	Year	Spec Med Equip and Supplies
Air purifier	Air purifier must use HEPA filter	Year	Spec Med Equip and Supplies
Alarmed Med Dispenser	Alarmed Medication Dispenser	Year	Spec Med Equip and Supplies
Big Handle Assistive	Big handle assistive eating device each device can be a spoon fork or knife	Year	Spec Med Equip and Supplies
Chair ramp 4ft up to 5ft	Portable wheelchair ramp hinged aluminum 4ft up to 5 ft	Year	Spec Med Equip and Supplies
Chair ramp 9ft up to 10ft	Portable wheelchair ramp hinged aluminum 9 ft up to 10 ft	Year	Spec Med Equip and Supplies
Chair ramp over 5 ft	Portable wheel chair ramp hinged aluminum over 5 ft up to 7ft	Year	Spec Med Equip and Supplies
Chair ramp over 7ft up to 9ft	Portable wheelchair ramp hinged aluminum over 7ft up to 9 ft	Year	Spec Med Equip and Supplies
Handheld shower	Handheld shower	Year	Spec Med Equip and Supplies
HEPA air filter	HEPA air filter replacement	Year	Spec Med Equip and Supplies
Humidifiers portable	Humidifiers portable	Year	Spec Med Equip and Supplies
K0739:U2	Labor for Repair and Preventive Maintenance	Year	Spec Med Equip and Supplies

Pressure alarms	Pressure alarms bed chair sensor pad and alarm	Year	Spec Med Equip and Supplies
Push button rocker switch	Push button rocker switches mountable power switch for devices	Year	Spec Med Equip and Supplies
Rec lift chair 375lbs	Reclining lift chair for recipients 375 pounds or under	Year	Spec Med Equip and Supplies
Rec lift chair 376lbs	Reclining lift chair for recipients 376 pounds to 500 pounds OR as determined necessary	Year	Spec Med Equip and Supplies
Rec lift chair 501lbs	Reclining lift chair for recipients 501 pounds to 700 pounds OR as determined necessary	Year	Spec Med Equip and Supplies
Repair of Rec Lift Chair	Repair of Reclining Lift Chair	Year	Spec Med Equip and Supplies
Sock donners	Sock donners	Year	Spec Med Equip and Supplies
Therapy foam Mat	Individual therapy foam Mat 4X6X2	Year	Spec Med Equip and Supplies
Toileting Assistance Item	Toileting assistance item Self wipe aid to help reach and wipe	Year	Spec Med Equip and Supplies
T1002:U2	Specialized Private Duty Nursing (RN)	15 mins	Specialized Private Duty Nursing
T1003:U2	Specialized Private Duty Nursing (LPN/LVN)	15 mins	Specialized Private Duty Nursing
T2019	Supported Employment (one-on-one support)	15 mins	Supported Employment
T2019:HQ	Supported Employment (group of 2 or more)	15 mins	Supported Employment
T2028	Toothettes	Year	Toothettes
T2003	Transportation < 20 miles one way	Trip	Transportation - Business
T2003:CG	Transportation (Paratransit) one way	Trip	Transportation - Business
T2003:TN	Transportation > 20 miles one way	Trip	Transportation - Business
T2001:SE	Escort (travel companion for the recipient)	Trip	Transportation - Private

J44 Plan Needs-Goals Job Aid 1.1 Consumer Plan Needs and Goals

Need	ID	Goal	ID
Personal Need	0	Personal Goal	0
Mobility/Motor Skills	1	Increase/improve mobility skills in all settings	10
		Sustain mobility skills in all settings	11
Self care/ personal living	2	Increase independence in chosen home setting	1
		"Sustain/uphold/continue/preserve" independence in chosen home setting	2
		Sustain independence in community setting	4
		Increase/Sustain Health and Nutrition skills across environments	21
Communication	3	Increase communication during integrated activities (Communication)	8
		Sustain communication during integrated activities (Communication)	9
		Improve coping (self-direction, "tolerance") skills in all environments	17
		Increase Skills to build healthy relationships	19
Learning	4	Increase/improve work readiness skills	5
		Increase independence in an integrated work setting	6
		Sustain independence in an integrated work setting	7
		Improve problem-solving skills in all settings	16
		Increase/Sustain Health and Nutrition skills across environments	21
Self-direction/Social Skills	5	Increase communication during integrated activities (Communication)	8
		Sustain communication during integrated activities (Communication)	9
		Increased/improved self-direction skills across all settings	12
		Sustain self-direction skills across all settings	13
		Improve coping (self-direction, "tolerance") skills in all environments	17
		Increase Skills to build healthy relationships	19
Living Skills/Community living	6	Increase independence in chosen home setting	1
		"Sustain/uphold/continue/preserve" independence in chosen home setting	2
		Increase independence in community setting	3
		Sustain independence in community setting	4
		Increase/improve work readiness skills	5
		Increase independence in an integrated work setting	6
		Sustain independence in an integrated work setting	7
		Increase communication during integrated activities (Communication)	8
		Improve adaptive living skills in community settings	15
		Improve problem-solving skills in all settings	16
		Improve coping (self-direction, "tolerance") skills in all environments	17

Need	ID	Goal	ID
		Increase/Sustain safety skills in the Community	20
Economic Self Sufficiency/Vocation Skills	7	Increase/improve work readiness skills	5
		Increase independence in an integrated work setting	6
		Sustain independence in an integrated work setting	7
Health and Safety	8	Improve problem-solving skills in all settings	16
		Improve coping (self-direction, "tolerance") skills in all environments	17
		Decrease behavior "that puts self at risk to health/safety or self-destructive behaviors" across all settings	18
		Increase/Sustain safety skills in the Community	20
		Describe how the service will specifically support the individual	8044
Critical Behaviors	9	Improve problem-solving skills in all settings	16
		Improve coping (self-direction, "tolerance") skills in all environments	17
		Decrease behavior "that puts self at risk to health/safety or self-destructive behaviors" across all settings	18
Health/Case Management	10	Increase/Sustain safety skills in the Community	20
		Increase/Sustain Health and Nutrition skills across environments	21
		Describe how the service will specifically support the individual	8044
Primary Caregiver relief	11	Increase independence in chosen home setting	1
		"Sustain/uphold/continue/preserve" independence in chosen home setting	2
		Describe how the service will specifically support the individual	8044
Adaptive/Mobility Equipment	12	Increase/improve mobility skills in all settings	10
		Sustain mobility skills in all settings	11
		Improve adaptive living skills in community settings	15
		Describe how the service will specifically support the individual	8044
Adaptations to Physical Home Environment	13	Increase independence in chosen home setting	1
		"Sustain/uphold/continue/preserve" independence in chosen home setting	2
		Increase independence in community setting	3
		Sustain independence in community setting	4
		Describe how the service will specifically support the individual	8044
Structure and Consistency in Routine	14	"Sustain/uphold/continue/preserve" independence in chosen home setting	2
		Sustain communication during integrated activities (Communication)	9
		Improve coping (self-direction, "tolerance") skills in all environments	17
		Decrease behavior "that puts self at risk to health/safety or self-destructive behaviors" across all settings	18
Self Determination	15	Sustain self-direction skills across all settings	13

Need	ID	Goal	ID
(Personal Choice, Preferences)		Increase self-determination skills	14
Community Inclusion	16	Increase independence in community setting	3
		Sustain independence in community setting	4
		Increase communication during integrated activities (Communication)	8
		Sustain communication during integrated activities (Communication)	9
		Increase/Sustain safety skills in the Community	20
Dignity (assist to enjoy common rights/privileges of peers)	17	"Sustain/uphold/continue/preserve" independence in chosen home setting	2
		Sustain communication during integrated activities (Communication)	9
		Improve coping (self-direction, "tolerance") skills in all environments	17
		Decrease behavior "that puts self at risk to health/safety or self-destructive behaviors" across all settings	18
		Describe how the service will specifically support the individual	8044
Coping Skills	18	Improve problem-solving skills in all settings	16
		Improve coping (self-direction, "tolerance") skills in all environments	17
		Decrease behavior "that puts self at risk to health/safety or self-destructive behaviors" across all settings	18
		Increase Skills to build healthy relationships	19
Access to coordinated medical services	19	Increase independence in chosen home setting	1
		"Sustain/uphold/continue/preserve" independence in chosen home setting	2
Transportation to community resources	20	Increase independence in community setting	3
		Sustain independence in community setting	4
		Describe how the service will specifically support the individual	8044
Nutrition	21	Increase/Sustain Health and Nutrition skills across environments	21
		Describe how the service will specifically support the individual	8044

Intervention Codes

Code ID	Intervention
1	Physical prompt
2	Hand over hand total assist
3	Modelling prompt
4	Verbal prompt
5	Intermittent reminder
6	Direct instruction- 1x
7	Video self monitoring
8	Role playing
9	Designed curriculum with
10	Staff does task for the person
11	Partial physical assistance to complete
12	Gestures
13	Picture Schedule
14	Picture Exchange
15	Social Story
16	Pre teaching
17	Redirecting
18	Rewarding
19	Picture Task Analysis
20	Story Mapping
21	Social Scripting/Computer Conversations
22	Natural Cue
23	Personal supports

Still Need Help???

Send a clear and detailed question to SDSHarmonyTraining@alaska.gov

Include:

- 1) What area you are having problems with:
 - Inquiry
 - Applications
 - Initial Plans
 - Renewal Plans
 - Amendments
 - CC Transfers
- 2) Where (what area of the CC Manual) have you checked for the answer.

We are unable to accept phoned in questions, in order to track requests for help you must send an e-mail.